

Application form

Post applied for: Carer Support Worker

Please complete in black ink or type

Personal details – Part A

Preferred title:	First name:
Surname / family name:	
Address:	
Post code:	
E mail address:	
Tel. (home):	Tel. (work or mobile):

References please give names, addresses and telephone numbers of two people who can provide references for you. They **must** be your last two employers. If you are not currently in employment please see the enclosed guidelines on completing this form. Crossroads Care reserves the right to contact other previous employers. We do not approach referees until after interview.

Present or previous employer	
Name:	Name:
Job title:	Job title:
Organisation:	Organisation:
Address:	Address:
Telephone:	Telephone:
E mail address:	E mail address:
How is this referee known to you?	How is this referee known to you?
Do you wish to be contacted before we approach this referee? Yes/No	

Rehabilitation of Offenders Act 1974 and Exception Order 1975

Because of the nature of the work for which you are applying, you must provide information about any criminal record. This includes convictions, cautions, reprimands and final warnings. Our power to require this lies in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 which removes the normal operation of the Act in relation to specific occupations, including the provision of Home Care Services. In the event of being employed in connection with this application, any failure to disclose such convictions could result in dismissal or disciplinary action.

If you have no convictions please write NONE

If you do have any previous or outstanding convictions, cautions, reprimands or final warnings, you will only be asked to supply details of the type of offence, date, sentence, fine etc if you are invited for interview. Please see guidelines on completing the application form for further details.

Sickness absence

How many days sickness absence have you had over the last two years?

Declaration

I declare that all the information I have given on this application form is true and accurate, to the best of my knowledge. Please note that if you give untrue or inaccurate information any employment contract may be invalidated and the employee subject to disciplinary action or dismissal.

Signed: _____ **Date:** _____

Section A will be detached from your application. All short listing will be carried out on a completely fair basis with Equal Opportunities Legislation and Policy



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Education and qualifications please tell us about the school/college/ university you attended, starting with the most recent.

Name of school/ college/university	Dates you started and finished	Qualification and grade

Training please tell us about any relevant training courses

Course title and content	Organisation that ran training	Date training attended

Present or most recent employment

Employer's name and address:	
Dates of employment including month and year:	
Post title:	Reason for leaving:
Please tell us about what you did in your job:	
Notice required:	Salary:

If you need more space for any of these sections please continue on a separate sheet

Do you hold a current UK driving licence? Yes/No

Do you have your own transport? Yes/No

Past employment please give details of your entire work history. You do need to account for any gaps in employment.

Employers name and address:	Dates from & to month & year:	Job title & brief description of duties:	Reason for leaving:

If you need more space please continue on a separate sheet of paper

Information in support of your application please use this space to tell us how your skills, experience and knowledge match those in the job description and person specification.

If you need more space please continue on a separate sheet of paper

Please indicate days and times you are available to work

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Children	Adults	Older People
Physical Disabilities	Learning Difficulties	Dementia Sufferers

If you have any preference, please indicate which groups you would like to work with.

Please return this form to:

**Crossroads Care Essex
9-11 Charfleets Farm Way
Canvey Island
Essex,
SS8 0PG**