

care connexions uk

SUPPORT WORKER APPLICATION FORM

PERSONAL DETAILS

Date of birth: _____

Nationality: _____

N.I. Number: _____

Do you hold a full driving licence? Yes [] No []

Details of any driving
endorsements:

Do you have a use of a
car/motorcycle? Yes [] No []

Are you insured for business use? Yes [] No []

To be completed by non-British and non-EC Nationals

Date of entry into the UK: _____

Do you require a work permit? Yes [] No []

If 'Yes' what type: _____

Expiry Date: _____

How did you hear about Care
Connexions UK?

Online DBS Reference?: _____

EDUCATION/QUALIFICATIONS: QUALIFICATION OBTAINED: e.g. GCSEs, NVQs, certificates etc

SCHOOL/COLLEGE	DATES		QUALIFICATION OBTAINED
	FROM	TO	

RELEVANT TRAINING

TRAINING NAME	DATES (if applicable)	
	FROM	TO

EMPLOYMENT HISTORY

Please give a full history and any gaps must be declared including unpaid employment.

NAME OF ORGANISATION	DATES		Title of post held, type of establishment and brief description of main duties.	SALARY	REASON FOR LEAVING
	FROM	TO			

Have you ever been dismissed from a previous employer: Yes [] No []

Has any form of Disciplinary Action ever been taken against you: Yes [] No []

If 'Yes' what was the outcome:

KNOWLEDGE, ABILITIES, SKILLS AND EXPERIENCE

Please use this space to write about your knowledge, abilities, skills and experience relevant to the post for which you have applied, drawing on all aspects of your education and experience, including both paid and unpaid work. Please refer to the Person Specification and Job Description when completing this section. Go on an additional sheet of paper if you wish.

KNOWLEDGE:

ABILITIES:

SKILLS:

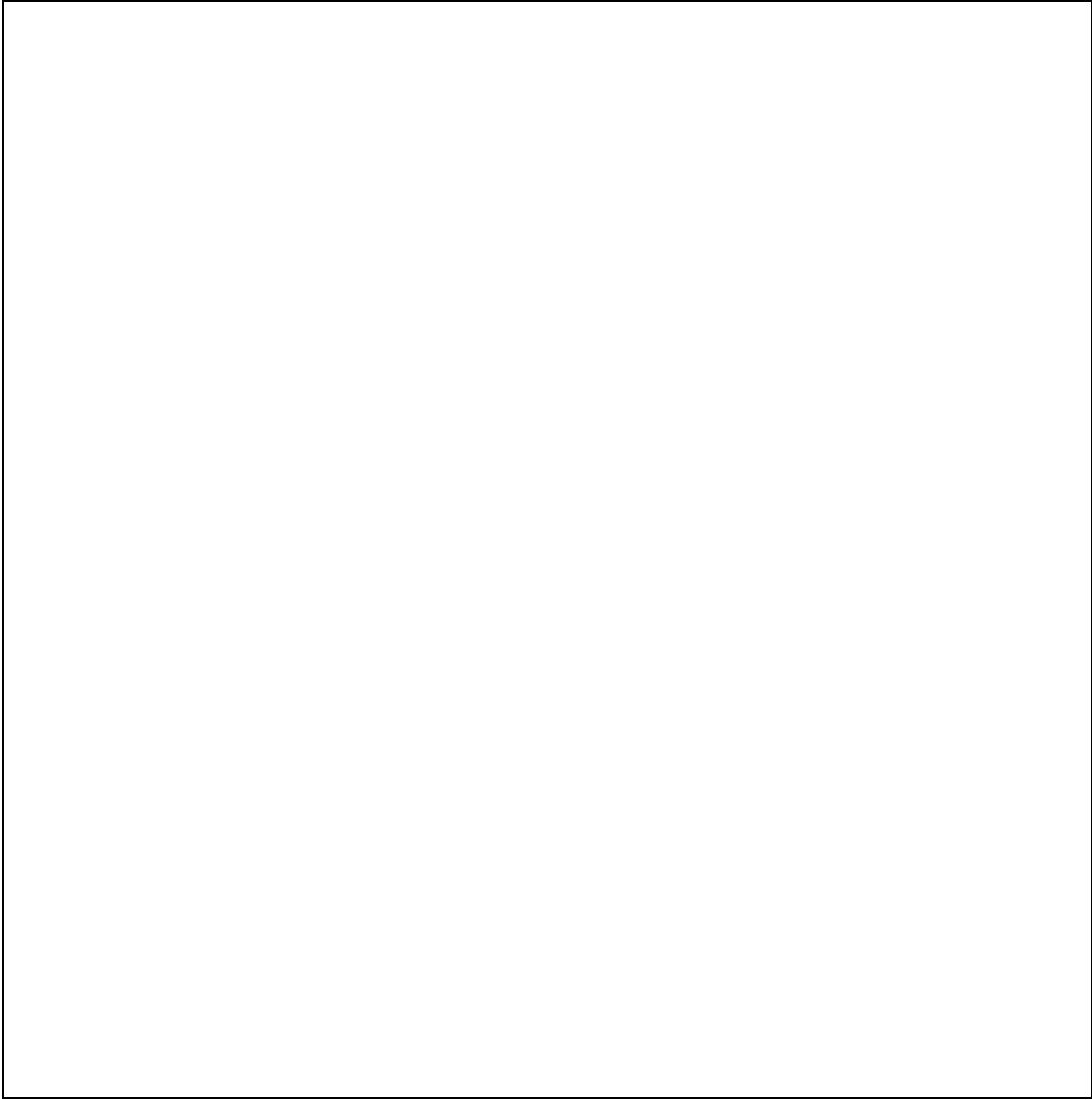
Please provide brief statement about yourself, skills and any other information related to you

Personal Profile:

Key Skills:

EXPERIENCE:

Please provide a brief statement on your previous work experiences. (Bullet points preferred)



REFERENCES

Name: _____

Name: _____

Job Title: _____

Job Title: _____

Capacity Known: _____

Capacity Known: _____

Period known: _____

Period known: _____

Address: _____

Address: _____

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CRIMINAL CONVICTIONS

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it otherwise be regarded as spent.

Have you ever been convicted of a criminal offence? Yes [] No []

If 'Yes' please give details on a separate sheet

Have you ever been convicted of abuse or been the subject of any allegation or enquiry into abuse or inappropriate behaviour? Yes [] No []

If 'Yes' please give details on a separate sheet.

DECLARATION

The information I have given in this application is, to the best of my knowledge, true at the time of writing. I have no business or other interests which are likely to conflict with my employer or with the duties I would be required to fulfil if appointed to the post.

I also understand that I will have to complete a Declaration of Criminal Record and that if I subsequently am found to have given false information I will be dismissed immediately.

Signed: _____

Date: _____

HEALTH QUESTIONNAIRE

Please complete this health question to the best of your knowledge:

Do you suffer from or have you ever suffered from any of the following conditions?

Allergies	Yes []	No []
Eczema, dermatitis or skin trouble	Yes []	No []
Epilepsy	Yes []	No []
Hernia or rupture	Yes []	No []
Mental illness including acute anxiety or medical depression	Yes []	No []
Migraine	Yes []	No []
Rheumatism or stiff joints	Yes []	No []
Serious backache, slipped disk, sciatica or back injury	Yes []	No []
Wrist, arm, shoulder or neck trouble, repetitive strain injury (RSI)	Yes []	No []
Angina, heart trouble or circulatory disorders	Yes []	No []
Asthma	Yes []	No []
Bronchitis or chest infections	Yes []	No []
Diabetes	Yes []	No []
Stomach or intestinal disorders, ulcers	Yes []	No []
any condition requiring long term medical help or treatment or medication on strict timetable	Yes []	No []

If you have answered 'Yes' to any of the above questions, please provide further details below:

I have no reason to believe that my health will interfere with my ability to undertake the duties of the assignments for which I have applied or affect my ability to attend work on a regular basis.

To the best of my knowledge and belief, the information given above is correct. I understand that if I offered assignments and the information, I have provided is false, I could be liable to dismissal.

Signed: _____

Date: _____