



## APPLICATION FORM

SUPPORT WORKER / CARE ASSISTANT

ZERO HOURS CONTRACT

Preferred Hours:

☐ LATE SHIFTS

☐ EARLY SHIFTS

☐ DAYS

☐ NIGHTS

What is your availability?

Preferred Sector:

☐ ADULTS

☐ CHILDREN

How did you become aware of this vacancy?

☐ Advert ☐ Facebook page ☐ Website ☐ Recommendation by: .....

## PERSONAL DETAILS

Forename/s: ..... Surname: .....

Address: .....

..... Postcode: .....

E-mail address: .....

Home Telephone: ..... Mobile: .....

National Insurance No: ..... DOB: you must be 18 and above .....

How will you evidence your right to work in the United Kingdom?

☐ UK Passport

☐ UK Birth Certificate

☐ Visa: .....

Do you drive?

☐ Yes

☐ No

Do you have your own transport?

☐ Yes

☐ No

Do you consider yourself to be disabled?

☐ Yes

☐ No

If so, please provide details of any particular facilities or adjustments that you require to assist you to attend the interview / undertake employment:

.....

.....

.....

## REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Act may be disclosed on the DBS disclosure and may then be taken into account in deciding whether to proceed with an appointment.

Because of the nature of the services you will be working in, we are required to obtain an enhanced disclosure from the Disclosure Barring Service. Any disclosures made by the DBS will be sent to you alone and you are then required to show them to us before any appointment can be confirmed. The cost of the DBS will be deducted from the 1<sup>st</sup> month's wages.

Do you confirm that you will share your DBS Disclosure with us if your application for employment is successful?

☐ Yes ☐ No

Have you previously registered for the Update Service with the DBS?

☐ Yes ☐ No

If yes, do you authorise us to carry out a Status Check with the DBS?

☐ Yes ☐ No

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1998?

☐ Yes \* ☐ No

\* please provide details:

## REFERENCES

Current / Most Recent Employer (1)

Name: ..... Job Title: ..... Company: .....

Phone: ..... E-mail: .....

### Other Professional / Previous Employer (2)

Name: ..... Job Title: ..... Company: .....

Phone: ..... E-mail: .....

### Character Reference (3: optional)

Name: ..... Job Title: ..... Company: .....

Phone: ..... E-mail: .....

**TRAINING** to include all Professional Qualifications and all current/care related work-based training

Subject	Level / Facilitator	Date completed
•		
•		
•		
•		
•		
•		
•		
•		

Have you completed the Care Certificate?

☐ Yes ☐ No

### CURRENT EMPLOYMENT

Job Title: .....

Main responsibilities: .....

.....

.....

.....

Current Salary / Hourly Rate: .....

Employer's Name and Address: .....

.....

Line Manager: ..... Telephone: .....

Date Started: ..... Notice Period: .....

Are you leaving this job? ☐ Yes ☐ No Leave Date: .....

Reason for Leaving: .....

**WORK HISTORY** Please include your full employment history since leaving education  
(continue on a separate sheet if necessary) **Please explain any gaps in your  
employment** (unemployed etc)

Job Title: .....

Main responsibilities: .....

Employer's Name and Address: .....

Salary / Hourly Rate: ..... Start Date: ..... Leave Date: .....

Reason for Leaving: .....

Job Title: .....

Main responsibilities: .....

Employer's Name and Address: .....

Salary / Hourly Rate: ..... Start Date: ..... Leave Date: .....

Reason for Leaving: .....

Job Title: .....

Main responsibilities: .....

Employer's Name and Address: .....

Salary / Hourly Rate: ..... Start Date: ..... Leave Date: .....

Reason for Leaving: .....

Job Title: .....

Main responsibilities: .....

Employer's Name and Address: .....

Salary / Hourly Rate: ..... Start Date: ..... Leave Date: .....  
Reason for Leaving: .....

RELEVANT EXPERIENCE

Please tell us why you would be suitable for this role – include details of your personal achievements, education, skills and experience which you consider relevant:

ANY ADDITIONAL INFORMATION

DECLARATION

I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

Signed: ..... Dated: .....

ARE YOU REQUIRED TO GIVE A NOTICE TO YOUR CURRENT EMPLOYER?

☐ Yes (please state how long: .....)

☐ No