

POSITION APPLIED FOR: Support Worker

The following information will be treated in the strictest confidence in compliance with GDPR.

PERSONAL

(Please complete this section CLEARLY and in BLOCK CAPITALS)

	(1	lease complete this	Section CL	LAILE and in	BLOC	on CAI II ALS)	
Surname:				First Name(s)):		
Address:							
						Postcode:	
Mobile No:			Landline No:				
Date of Birth:				National Insurance No:			
Do you have a	Bank Accou	nt?:	YES/NO	Do you hold a	an UK/	EU Passport?:	YES/NO
E-mail address	S:						
Full Driving Lic	ence:	YES/NO	Date pa	ssed Driving Te	est?		
Endorsements	:	YES/NO) If YES g	ive dates			
Are you involved in any activity which might limit your availability to work or your working hours e.g. local government?					YES/NO		
If YES, please	If YES, please give full details.						
Are you subject to any restrictions or covenants which might restrict your working activities? YES/N					YES/NO		
If YES, please give full details							
Are you willing to work overtime and weekends if required? YES/NO							
Are you available to work early mornings/evenings/weekends? YES/NO							
If not, please give details of any days/hours you are not available to work							
Are you looking for full or part time work? If part time ho days/hours per week (approx) Full time hours are 30 per worked any 5 days from 7.						F/T P/T hours	
	-		Offenders A	ct 107/1 Have v	VOLL 3 [†]	any time been	
This post is exempt from the Rehabilitation of Offenders Act 1974. Have you at any time been convicted of or cautioned in respect of any criminal offence? If yes, please provide details:				YES/NO			
Your applicat	ion for this p	oost will be subject	to a satisf	actory enhanc	ed DB	SS check	
If YES, please	give full deta	ails					

As part of the application process, you must fu Health Medical Questionnaire. Are you prepa employment?	YES/NO					
Have you received 2 Covid vaccinations? If s dates: Can you provide evidence via NHS App	Booster:					
Have you received a booster vaccination if so,						
Have you ever worked for this business before	YES/NO					
Are you related to any person employed by this	YES/NO					
If YES, please give full details:						
Have you applied for employment with this bus	iness before	?		YES/NO		
Do you need a work permit to take up employm	ent in the Uk	< ?		YES/NO		
How much notice are you required to give to yo	our current er	nployer?				
EDUCATION						
Schools attended since age 11	From	То	Examination	s and Results		
College or University	From	То	Courses a	and Results		
Further Formal Training	From	То	Diploma/Qualification			
Job related Training Courses Name of Organisation	Date		Subject			
INAME OF OTYALISATION						
Please give details of membership of any technical or professional associations.						
Please list any foreign languages spoken and the level of competence.						

PRESENT OR LAST EMPLOYER

Are you currently e	mployed?	YES/NO			
Name of present or	last employer:				
Address:					
Telephone No:					
Nature of business:					
Job title and a brief	description of your	r duties:			
Reason for leaving	(if applicable)				
Length of service	From:			То:	
PLEASE EXPLAIN	of your past empl	loyment, excludi			ating the most recent first.
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Name and address of employer	Dates	Position held/Main duties	Reason for leaving

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INTERESTO A CHIEVEMENTO I FIGURE A CTIVITIES (C. C. L.				
INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES (e.g. hobbies, sports, club memberships)				

SUPPLEMENTARY INFORMATION Why have you applied for this position and what do you think you can contribute to the company? Think about; past achievements, future aspirations, personal strengths, specific skills.					
	(if require	d, continue on a separate sheet)			
DECLARATION I declare that the information given in this form is condeliberate omissions will disqualify me from employing I consent to these details being held in confidence ongoing personnel administration (where applicable) DISCLOSURES Given the nature of the job applied for, in the even employment is subject to information on my criminal Barring Service (DBS). I have been given a copy of the Company's Equal recruitment of ex-offenders.	nent or may render me liable to so by the Company, for the purpose and any other purposes detailed ent that I am offered the positional record being disclosed to the	summary dismissal ses of assessing this application, d in this application. n, I understand that any offer of Company by the Disclosure and			
Signature:		Date:			
REFERENCES Please give the names of two people (one of which approach for a reference. Can we approach your current employer before a	,				
Name:	Name:				
Position:	Position:				
Address:	Address:				
Tel. No:	Tel. No:				
Email:	Email:				
SOURCE OF APPLICATION					

How did you hear of this vacancy?