

Application Form

Confidential



Post Applied for:	Location:	Where did you see this post advertised?
Care Support Worker	Agrade Community Care Svcs.	
1. Personal Details and Information (to be completed in block capital please)		
Surname:	Title: Mr / Mrs / Miss / Ms (delete as appropriate)	
Forenames:	NI No.	
Address:		
Postcode:	Email:	
Home Tel No.(inc code):	Mobile Tel No:	
2. Additional Information		
Do you possess a valid driving licence for the UK? (please circle) Yes / No	Do you have use of a car for work? (please circle) Yes / No	
Do you have the legal right to work in the UK? (please circle) Yes / No		
If ' Yes ' but there are conditions attached, please specify (e.g. start/finish dates/WRS etc.):		
If ' No ', please note we are unable to recruit anyone who does not have the legal right to work in the UK.		
Are you related to or do you know anyone who works for Agrade? (please circle) Yes / No		
If ' Yes ' please give the name of the employee and the relationship to them.		
Do you have any other work commitments, either paid or unpaid, which you would wish to continue with if offered employment by Agrade? (please circle) Yes / No (if yes, please advise details at interview)		
3. Criminal Record Declaration		
The nature of the work you are applying for is exempt from the provisions of the Rehabilitation of Offenders Act 1974. If you are applying for a post involving access to persons in receipt of care services, your offer of employment will be subject to a satisfactory enhanced Criminal Records Bureau check. It is therefore a requirement that all previous convictions are declared, even those which would otherwise be regarded as 'spent'. (Any such information will be treated confidentially).		
Please read the above carefully and then answer the following questions:		
Have you ever been convicted of a criminal offence? (please circle) Yes / No		
Have you ever received any official cautions, reprimands or warning? (please circle) Yes / No		
To your knowledge, are you currently the subject of any criminal proceedings or any police investigation? (please circle) Yes / No		
If you have answered yes to any of these 3 questions please provide details below:		

4. Education, Training, Qualification and Current Learning

Secondary education (including dates):	Qualifications/grades obtained:
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Further/Higher Education (including dates):	Qualification/grades obtained:
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Other relevant training, professional qualifications or work related skills (including dates):

Any details of membership to professional bodies (please provide details including any offices held):

5. Employment History**Current/Most recent Employment**

Employers Name:	Start date:
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Address:

Postcode:	Tel. No.
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Job Title:	Final pay / salary:
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Brief description of duties and responsibilities:

6. Relevant Experience

Please use this section to state how your skills, experience and training would enable you to meet the requirements of the role for which you are applying. Please make reference to the person specification. Please use a continuation sheet if necessary.

7. Availability (only complete this section if you are applying for a Care Worker position)

	Mornings	Afternoons	Evenings	Sleep Over	Wakeful Nights
Weekdays					
Saturday					
Sunday					

Geographical area you are interested in working?

Ideal number of hours you would like to work per week:

8. References

Please provide the names and contact details of at least four referees, the first two must be your present or most recent employer, if there is less than two years between both of these then please provide two further references. We will not contact any referee without your permission or until an offer of employment has been accepted. If you do not have four employment references, one may be from a professional body, a lecturer or teacher or similar. *Also, if you have previously been employed in a position which involved working with vulnerable adults or children for more than three months then one of the references you provide must be from this agency/employer. Personal referees such as relatives, friends, neighbours etc ARE NOT acceptable as referees*

Present or last employer	Previous employer
Name:	Name:
Address:	Address:
Daytime phone number:	Daytime phone number:
Email address:	Email address:
Occupation/Relationship:	Occupation/Relationship:
Contact prior to the interview: please circle Yes / No	Contact prior to the interview: please circle Yes / No

Reference 3	Reference 4
Name:	Name:
Address:	Address:
Daytime phone number:	Daytime phone number:
Email address:	Email address:
Occupation/Relationship:	Occupation/Relationship:
Contact prior to the interview: please circle Yes / No	Contact prior to the interview: please circle Yes / No

9. Applicant Declaration (Please read carefully before signing the application)

- 1) The information in this form is true and complete. I agree that any deliberate omissions, falsification or misrepresentation on this form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. This equally applies to any medical questionnaires I may complete.
- 2) I confirm that I have not been subject to any cautions or convictions (other than those given above), investigation, disciplinary action, or enquiry into adult/child protection matters or inappropriate behaviour, and that the information I have given in the Criminal Record declaration section is to the best of my knowledge correct.

Name (please print): **Signed:** **Date:**.....

What happens now:

- If you wish to return this application by post please do via the enclosed stamped addressed envelope.
- If you have downloaded this application form please email to crystal.minors@agradecare.co.uk
- If you have not received any correspondence within 14 days then please assume on this occasion you have been unsuccessful, and your application form will be kept on file for 6 months.

10. Equal Opportunities

This section of the application form will be used for monitoring purposes only, and will not be seen by those who are making selection decisions. Agrade operates a policy of Equal Opportunity for all, and recognises and promotes the benefits of a diverse workforce. We are committed to treating all employees fairly regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

Please return this sheet in a separate envelope to:

**Agrade Community Care Services Ltd., 128 Coney Green Business Centre, Wingfield View,
Clay Cross, Chesterfield, Derbyshire S45 9JW**

Gender : Male Female

WHAT IS YOUR AGE GROUP?

16-19 20-29 30-39 40-49
50-59 60-64 65+

WHAT IS YOUR ETHNIC GROUP?

A. White B. Mixed C. Asian or Asian British

British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>
Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>
Other <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
	Other <input type="checkbox"/>	Other <input type="checkbox"/>

D. Black or Black British E. Chinese or Other Ethnic Group

Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
African <input type="checkbox"/>	Other <input type="checkbox"/>
Other <input type="checkbox"/>	

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY? * YES / NO

If yes, please state the nature of the disability.

Would you need any adjustments to be made in order to carry out this role?

Do you need any special assistance in attending interview, if so please give details:

*The Equality Act 2010 defines a disability as a physical or mental impairment which has a substantial and long-term adverse affect on your ability to carry out normal day-to-day activities.)

If you wish, you may disclose information about yourself in this section about your:

Religion:

Sexual Orientation: