|  |  |
| --- | --- |
| **POSITION APPLIED FOR** | Support Worker |
| **Data Protection Statement**  The personal information (data) collected on this form, and on the attachments, (includes the collection of sensitive personnel data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this application kept on file for future vacancies) the application forms and attachments of unsuccessful applicants will be destroyed after 6 months. It is the policy of the agency to protect, and keep secure, all personnel data collected.. All personnel data is processed for the purposes of recruitment, and, in the case of successful applicants, for the satisfactory administration of their employment, and for no other purpose. | **Equality of Opportunity Statement**  The agency’s Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability or offending background. |

A close up of a sign

Description automatically generated

Page 1.

**ON-LINE APPLICATION FORM**

**PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| FIRST NAME: | Click or tap here to enter text. | SURNAME: |  |
| MAIDEN NAME:  (if any) |  | PREVIOUS SURNAME  (if any) | Click or tap here to enter text. |

|  |  |
| --- | --- |
| FULL ADDRESS: | Click or tap here to enter text. |
| POST CODE: | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| DATE OF BIRTH: | Click or tap here to enter text. | NATIONAL  INSURANCE No: | Click or tap here to enter text. |
| MOBILE No: | Click or tap here to enter text. | EMAIL  ADDRESS: | Click or tap here to enter text. |

**NEXT OF KIN- to be notified in case of emergency**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME: | Click or tap here to enter text. | | RELATIONSHIP: | Click or tap here to enter text. |
| ADDRESS: | Click or tap here to enter text. | | | |
| POST CODE: | Click or tap here to enter text. | TELEPHONE No: | | Click or tap here to enter text. |

Page 2.

**FORMAL EDUCATION AND QUALIFICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF SCHOOL/COLLEGE/UNIVERSITY: | DATES  FROM: | DATES  TO: | COURSE/STUDY QUALIFICATIONS, GCSE,  ‘A’-LEVELS, NVQ, DEGREE & GRADE: |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**PLEASE ADD FURTHER QUALIFICATIONS (if any) ON END PAGE**

Page 3.

**GENERAL INFORMATION**

|  |  |
| --- | --- |
| DO YOU HAVE A CURRENT DRIVING LICENCE?: | YES:  NO: |
| DO YOU HAVE ANY ENDORSEMENTS?: | YES:  NO: |
| IF YES, PLEASE EXPLAIN: | Click or tap here to enter text. |
| PLEASE INDICATE WHICH LANGUAGE YOU SPEAK, INCLUDING INDICATION OF FLUENCY: | Click or tap here to enter text. |

**PREFERENCE REGARDING WORK**

|  |  |  |
| --- | --- | --- |
| PLEASE SPECIFY WHICH TYPE OF WORKING HOURS YOU WOULD PREFER: | PART TIME:  FULL TIME:  FLEXIBLE: | |
| DO YOU HAVE OTHER WORK COMMITMENTS?: | | YES:  NO: |
| IF YES, PLEASE GIVE DETAILS | | Click or tap here to enter text. |

|  |
| --- |
| Click or tap here to enter text. |

**ADDITIONAL INFORMATION –** Give details of any additional information which you wish to include in support of your application, such as skills/achievements and why you believe you have the qualities we are looking for. Please give details of any relatives employed by the company

Page 4.

**EMPLOYMENT HISTORY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME & ADDRESS OF EMPLOYER: | DATES  FROM: | DATES  TO: | POSITION HELD & BRIEF SUMMARY OF DUTIES & RESPONSIBILITES: | REASON FOR LEAVING: |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**PLEASE ADD FURTHER EMPLOYERS (if any) ON END PAGE**

Page 5.

**REFERENCES -**Please give details of the names and addresses of two work related referees. One of these should be your current employer, of if presently unemployed or self-employed, your last employer.

1.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME: | Click or tap here to enter text. | | | | |
| ADDRESS: | Click or tap here to enter text. | | | | |
| TELEPHONE No: | Click or tap here to enter text. | EMAIL: | Click or tap here to enter text. | JOB TITLE: | Click or tap here to enter text. |
| MAY WE CONTACT NOW?: | YES:  NO: | | | | |

2.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME: | Click or tap here to enter text. | | | | |
| ADDRESS: | Click or tap here to enter text. | | | | |
| TELEPHONE No: | Click or tap here to enter text. | EMAIL: | Click or tap here to enter text. | JOB TITLE: | Click or tap here to enter text. |
| MAY WE CONTACT NOW?: | YES:  NO: | | | | |

**CONFIDENTIALITY DECLARATION-**

Registration implies acceptance of our code of confidentiality.

In the course of your duties you may have access to confidential information about your clients. On no account must information relating to an identifiable client be divulged to anyone other than the manager of the agency. You should not disclose ANY information to your family, friends or neighbours.

If you are worried by any information you have obtained and consider that you should talk about it to someone else MAKE AN APPOINTMENT TO SPEAK IN PRIVATE TO YOUR MANAGER.

Failure to observe these rules will be regarded as serious misconduct which could result in removal from the agency register.

I have read and I understand the above and I agree to abide by the contents therein.

|  |  |  |  |
| --- | --- | --- | --- |
| SIGNED:  (NAME) | Click or tap here to enter text. | DATE: | Click or tap here to enter text. |

Page 6.

**REHABILITATION OF OFFENDERS ACT**

As a general rule, on-one need answer questions about spent convictions. However this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:-

1. Any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his/her normal duties, or
2. Any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his/her normal duties

One or both of the above apply to work with the agency, and covers all occupations. You are therefore requested to provide details of all convictions, including those which would otherwise be considered as ‘spent’. All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.

RECORDS WILL BE CHECKED VIA THE CRIMMINAL RECORDS BUREAU PROCEDURES.

|  |  |
| --- | --- |
| I HAVE NO CONVICTIONS: | I HAVE CONVICTIONS:  (see note below) |

Note:

To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly with your name and headed ‘Private and Confidential’ and attached this to your completed application form.

**CRIMINAL RECORDS- DISCLOSURE CERTIFICATE**

The Disclosure and Barring Service (DBS) have issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. A Disclosure Certificate (standard or enhanced) will be requested from the DBS which will detail all convictions, including those which would otherwise be ‘spent’ as well as details of cautions, reprimands or final warnings. You will be advised of the type of certificate being requested and asked to give your approval to this application. The Disclosure Certificate will only be requested in the event that you are successful in your application for employment.

**ASYLUM AND IMMIGRATION ACT 1996**

Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 years or over who is subject to immigration control unless :-

1. That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question, or
2. The person comes into a category specified by the Home Secretary where such employment is allowed.

Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened.

|  |  |
| --- | --- |
| ARE YOU ELIGIBLE TO WORK IN THE UK?: | YES:  NO: |

Page 7.

**EQUAL OPPORTUNITIES –**

CNC operates a policy of Equal Opportunities, therefore we need to be able to check that decisions are not influenced by unfair or unlawful discrimination. To help us to do this please complete the following questionnaire.

|  |
| --- |
| PLEASE TICK THE APPROPRIATE BOX TO INDICATE YOUR CULTURAL BACKGROUND AND ETHNIC GROUP. |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. WHITE |  | 1. MIXED |  |
| British: |  | White and Black Caribbean: |  |
| Irish: |  | White and Black African: |  |
|  |  | White and Asian |  |
| Any other White background:  Please type in here-  Click or tap here to enter text. |  | Any other Mixed background:  Please type in here-  Click or tap here to enter text. |  |
| 1. ASIAN OR ASIAN BRITISH |  | 1. BLACK OR BLACK BRITISH |  |
| Indian: |  | Caribbean: |  |
| Pakistani: |  | African: |  |
| Bangladashi: |  |  |  |
| Any other Asian background:  Please type in here-  Click or tap here to enter text. |  | Any other Black background:  Please type in here-  Click or tap here to enter text. |  |
| 1. CHINESE OR OTHER ETHNIC GROUP |  |  |  |
| Chinese: |  |  |  |
| Any other Ethnic group:  Please type in here-  Click or tap here to enter text. |  |  |  |

**GENDER**

|  |  |  |  |
| --- | --- | --- | --- |
| MALE: |  | FEMALE: |  |

**DISABILITY**

Applicants with disabilities will be invited for interview if the essential job criteria are met. Do you consider yourself to be a person with a disability as described by the Disability Discrimination Act 1995? i.e do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities?

|  |  |
| --- | --- |
| YES: | NO: |

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**PLEASE USE THIS SECTION TO ADD ANY FURTHER OR ADDITIONAL INFORMATION**

|  |
| --- |
| Click or tap here to enter text. |

**PERSONAL DECLARATION**

I declare to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and:-

* I give permission for any enquires that need to be made to confirm such matters as qualifications, experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.
* I give permission for the processing of the personal data contained in this form for employment purposes.
* I understand that any false or misleading information could result in my dismissal

|  |  |  |  |
| --- | --- | --- | --- |
| SIGNED:  (NAME) | Click or tap here to enter text. | DATE: | Click or tap here to enter text. |