

1. APPLICATION FOR THE POST OF:

Job title: Community Support Worker

Place of work: Preston / Blackburn (Please delete as appropriate)

Where did you see the post advertised?

2. PERSONAL DETAILS:

Surname:

Preferred title:

First name(s):

Home address:

Postcode:

NI Number:

Home tel no:

Mobile tel no:

Email Address:

Are there any restrictions regarding your eligibility for employment?

(yes*/no) e.g do you require a work permit?

*If you answer **YES** you **MUST** supply details on a separate sheet of paper

If selected for interview you **MUST** bring proof of your eligibility to work in the UK with you.
(i.e Passport, Birth Certificate, Work Permit/Certificate of Sponsorship)

What is your main mode of Transport?
(please circle)

CAR

PUSH BIKE

WALK/BUS

3. DISABILITY:

HomeCare (Mellor) is committed to encouraging and assisting disabled people to obtain appropriate employment.

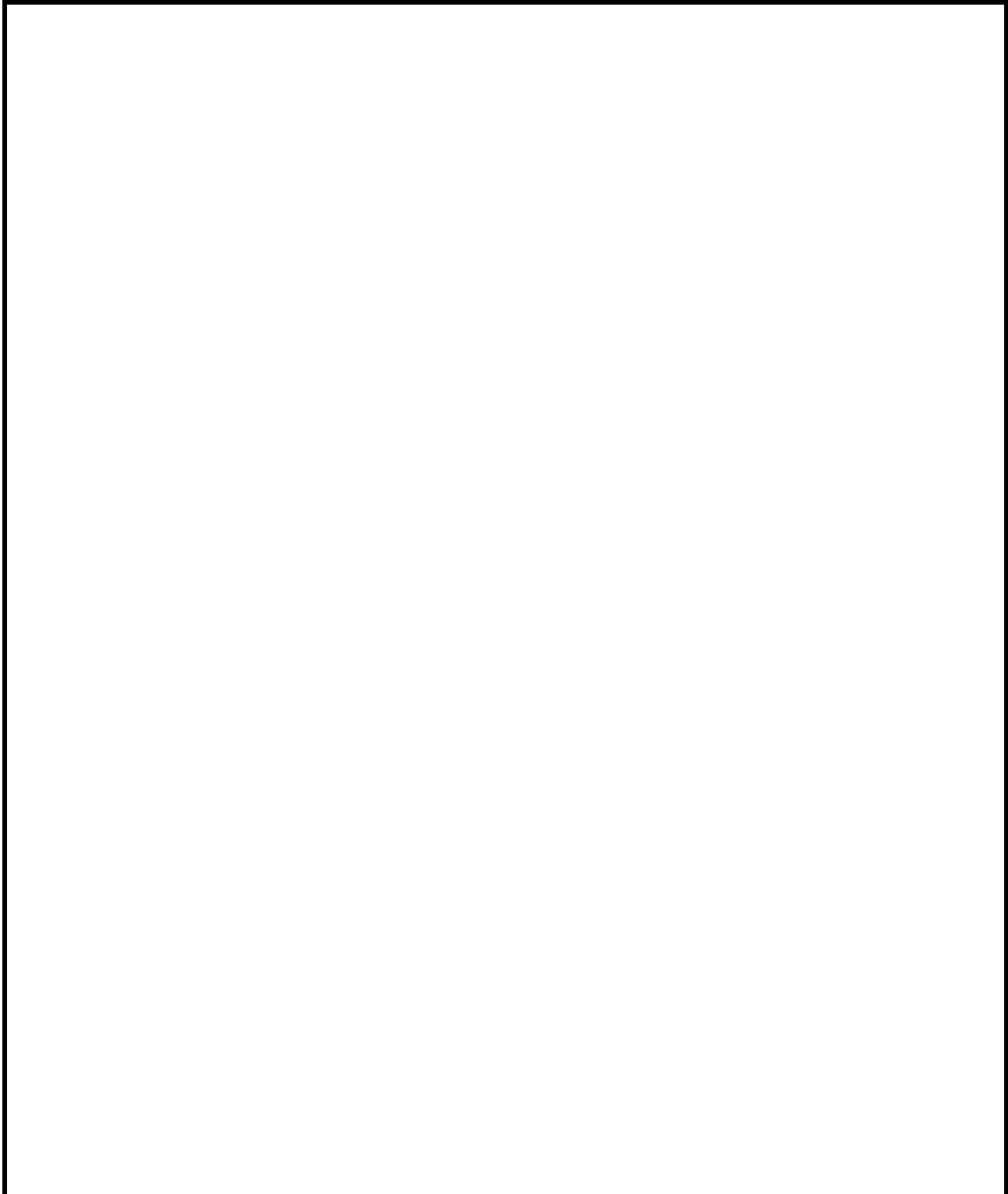
Are you a disabled person? (yes/no)

Disability is a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. HomeCare (Mellor) will make reasonable changes to the workplace and to employment arrangements so that a disabled employee is not at any substantial disadvantage compared to non-disabled employees.

7. SUPPORTING INFORMATION:

Please use the space below to give us further details of your career, activities and personal interests which you think are relevant to your application.

Shortlisting will be undertaken by comparing the evidence presented by you with the requirements of the post as outlined in the Job Description and Person Specification.

A large, empty rectangular box with a black border, intended for the applicant to provide supporting information as requested in the text above.

8. HEALTH & GENERAL ATTENDANCE:

How many days absence have you had in the last two years as a result of ill health?

.....

Please give details in the space below of any illnesses which have caused you to be absent from work for ten or more consecutive days during the last two years:

8.1 DECLARATION OF PHYSICAL AND MENTAL FITNESS FOR WORK TO BE UNDERTAKEN

In accordance with the requirements of Standard 17.4 of the National Minimum Standards for Domiciliary Care (Care Standards Act 2000), I declare that I am physically and mentally fit for the purposes of the work I have applied to do at HomeCare (Mellor).

Name:

Signature:

Date:

Position Applied for:

9. REFERENCES:

Please give details of two referees, one of whom should be your present/last employer and neither should be members of your immediate or extended family. Referees can be people who know you in a professional capacity (i.e. priest, teacher), or people who know you who are professionals (i.e. friend of the family who is a nurse).

Referee 1

Name

Position/Occupation

Capacity in which they know you

Address

.....

.....

Contact telephone number

Contact email address

May we obtain a reference prior to an offer of employment? YES / NO

Referee 2

Name

Position/Occupation

Capacity in which they know you

Address

.....

.....

Contact telephone number

Contact email address

May we obtain a reference prior to an offer of employment? YES / NO

10. REHABILITATION OF OFFENDERS ACT 1974:

Due to the nature of the work for which you are applying, this post is exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974.

Applicants are therefore not entitled to withhold information about convictions and cautions, including any driving offences (which for other purposes are “spent” under the provision of the Act). You are required to disclose **ALL** convictions and/or cautions regardless of the length of time that has passed since receiving them.

Please complete the section below (using spaces provided):

Have you ever been convicted of a criminal offence, caution, reprimand or warning, including spent convictions? **(yes/no)**

Have you any pending criminal charges? **(yes/no)**

Have you ever been cautioned? **(yes/no)**

If you have answered **YES** to any of the above you must give details on a separate sheet of paper.

Applicants who are offered employment will be subject to a criminal record check from the Criminal Records Bureau (CRB) before the appointment is confirmed. This will include details of cautions, reprimands or final warnings as well as convictions (even if spent). The disclosure of an offence will not necessarily bar you from employment with us but if you do not tell us about any offence this may put your employment at risk. A copy of the CRB or SCRB (Scotland only) code of practice is available on request.

11. DECLARATION:

The information provided on this form will be used in the recruitment and selection process and may be disclosed to all those relevant people. It will also form the basis of your confidential personnel record if you are the successful candidate. This application form will be destroyed after six months if you are unsuccessful. Please sign and date this declaration in the space provided below.

I certify that, to the best of my belief, the information I have supplied is true and complete and that I possess all qualifications listed on this form. I confirm that I do not object to the information on this form being transferred onto computer for the purpose of anonymous statistical reporting.

I understand that any false information or failure to disclose relevant medical details, criminal convictions or prosecution pending may disqualify me from employment or render me liable to summary dismissal.

Signature:

Date:

Equal Opportunities Monitoring Form

HomeCare (Mellor) strives to operate a policy of equal opportunity. We aim to ensure that no employee or job applicant will be discriminated against on the grounds of gender, race, nationality, colour, class, sexual orientation, religious belief, marital status, family situation or disability.

To help us monitor this, will you please provide details as below. This information will only be used for this purpose and will be treated as strictly confidential. It will not be taken into account in the recruitment and selection process and will be kept separately from your application form.

Ethnic Group

What is your ethnic group? Please tick ONE

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A White</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background (please specify)</p> | <p>B Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other Mixed background (please specify)</p> |
| <p>C Asian or Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background (please specify)</p> | <p>D Black or Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background (please specify)</p> |
| <p>E Chinese</p> <p><input type="checkbox"/> Chinese</p> | <p>F Other</p> <p><input type="checkbox"/> Other (please specify)</p> |

Nationality

What is your nationality?

What country were you born in?

If not the UK, what year did you move to the UK?

Religion

Please tick ONE

- | | | | | |
|---------------------------------------|-----------------------------------|------------------------------------|-------------------------------------------------------|---------------------------------|
| <input type="checkbox"/> None/Atheist | <input type="checkbox"/> Agnostic | <input type="checkbox"/> Christian | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish | <input type="checkbox"/> Sikh | <input type="checkbox"/> Other (please specify) | |

Gender

Are you: Male Female

Marital Status

Are you: Married Single Civil Partnership Divorced Widowed

Age

Are you: 18 – 24 25 – 30 31 – 35 36 – 40 41 – 45
 46 – 50 51 – 55 56 – 60 61 – 65 66+

Disability

Do you have a disability under the terms of the Disability Discrimination Act 1995 (a person with a physical or mental impairment that affects your ability to carry out normal day to day activities which are substantial, adverse and long term)? Yes No

If yes, please state the nature of your disability

Surname First Name

Position Applied for..... Date