PROVIDING CARE WITH A DIFFERENCE

APPLICATION FOR EMPLOYMENT

full name and address (Please print in BLOCK CAPITALS)
/lr/Mrs/Miss/Ms or Other
Address
Post Code
el:
imail:
1ale Female
NATIONAL INSURANCE NUMBER
References:
is our policy to take up references. Please give names and addresses of two referees. One of them must be your present or most recent employer. References from relatives will not be accepted. Sive your former name if different from above.
Former Name
lame of Referee and Status
Address for Contact
lay we approach before interview? Email:
lame of Referee and Status
Address for Contact
lay we approach before interview? Email:



EDUCATION & QUALIFICATION DETAILS

EDUCATION AND QUALIFICATION DETAILS Grades obtained Where obtained Date from Date to TRAINING COURSE DETAILS **Grades obtained** Where obtained Date from Date to Do you have any language skills other than English? Please specify: Are there any medical conditions that we should be aware of which may prevent you or make it difficult for you to carry out manual handling procedures? Yes No If you answered Yes, please give details:



CURRENT (MOST RECENT) EMPLOYER'S NAME & ADDRESS

Current (most recent) Employer's Name and Address

Name

Address

Telephone number

Position Held

Date: from: to: Hours worked

Reason for wishing to leave

Brief details of duties



PREVIOUS EMPLOYER'S NAME & ADDRESS

Current (most recent) Employer's Name and Address
Name
Address
Telephone number
Position Held
Date: from: to:
Hours worked
Reason for wishing to leave
Brief details of duties
Please use this space to detail your skills, knowledge and experience you possess to become a Care Assistant. Include any voluntary, home based work and leisure activities. (use additional sheet if necessary)



YOUR AVAILABILITY

Number of hours willing to work per week

Please give details of your availability to work below:

Times available to	o work							
Days available	7 - 8	8 - 1	1 - 5	5 - 7	6 - 10	10 - 7		
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Please use this space if you wish to comment about your availability:								



Equal Opportunity

Quality Home Support operates an Equal Opportunities Policy. The Company is committed to the promotion of equal opportunities in all aspects of recruitment and employment.

To ensure that this policy is effective, we ask all applicants to provide information as requested below.

This information is only used for monitoring purposes and will not be used to discriminate in favour or against any applicant. All information will remain confidential. Date of Birth Age The Disability Discrimination Act (1995) defines a person as having a disability if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities. YES NO Do you consider yourself to have a disability? Would you like us to make any arrangements if you are interviewed? I would describe myself as (please tick) White: English Scottish Welsh Irish | Any other white Mixed: White & Black Caribbean White and Black African White & Asian Indian | | Pakistani Bangladeshi / Kashmiri Any other Asian Asian or Black British: Caribbean African Any other Black Black or Black British: Other Ethnic Groups: Chinese Any other ethnic group These categories have been recommended by the Commission for Racial Equality. DATA AND BARRING SERVICE $Quality\ Home\ Support\ uses\ the\ Date\ and\ Barring\ Service\ (DBS)\ to\ assess\ applicants'\ suitability\ for\ positions\ of\ trust.$ Quality Home Support complies fully with the DBS Code of Practice and undertakes to treat all applicants for positions fairly. It undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of conviction or other information revealed. We encourage all applicants called for interview to provide details of their criminal record at an early stage in the application process. We request that this information is sent under a separate, confidential cover, to a designated person within Quality Home Support Ltd and we guarantee that this information is only seen by those who need to see it as part of the recruitment process.

I confirm that to the best of my knowledge the information provided on this form is correct and gives true representation of me.

Signed Date Date