**Care Support Worker**

**Application For Appointment**

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| Harrow Carers is an Equal Opportunities Employer |
| All information supplied on this form is subject to the provisions of the Data Protection Act 1988 and the information provided will be treated as confidential. It will be used in connection with human resources, monitoring and management purposes only. |
| Please read the enclosed job description and personal specification before completing this form.  ***Please use black ink so that it can be photocopied***.  Do not attach a CV/work history alone, as they will not be considered. Please indicate if someone has completed the form on your behalf. You may attach additional sheets whenever necessary, if you do, remember to put the job title at the top of every sheet added. All information supplied on this form, is subject to the provisions of the Data Protection Act 1998 and will be treated in confidence. |

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| **Personal Details:** | | | | | | |
| Title: |  | | Forename(s): | |  | |
| Surname: |  | | Previous Family Names: | |  | |
| Address: |  | | | | | |
| Postcode: |  | | Work Telephone No.: | |  | |
| Home Telephone No.: |  | | Mobile Telephone No.: | |  | |
| Email Address: |  | | | | | |
| Date of Birth: |  | | National Insurance No.: | |  | |
| Position Applied For: |  | | | | | |
| Where was the post advertised? |  | | | | | |
| Are you required to hold a work permit? | Yes: | No: | If so, please attach a copy. Attached copy? | | Yes: | No: |
| Do you hold a full UK or European driving license | | | Yes: | No: |  | |

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| **References** | | | |
| You must give the name of at least two referees; one must be your current, or if you are not employed, you’re most recent employer.  ***Note: Reference requests will be addressed to the Manager/Director of your previous employing organisation.***  Referees must be previous employers, not friends, or former colleagues and must not be related to you. Occasionally references may be sought from previous employers not listed below. If you are short listed references may be taken up before interview. If you do not wish us to contact your employer before interview, please place a cross in the box next to your referee’s name. We reserve the right to take up references from any of the previous employers you have listed. Please ensure that you supply us with a minimum of two referees. | | | |
| *Reference 1*: | | | |
| Name: |  | | |
| Company/Employer: |  | Position Held: |  |
| Address: |  | | |
| Postcode: |  | Telephone Number: |  |
| Email Address: |  | | |
| *Reference 2*: | | | |
| Name: |  | | |
| Company/Employer: |  | Position Held: |  |
| Address: |  | | |
| Postcode: |  | Telephone Number: |  |
| Email Address: |  | | |

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| **Educational Achievements and Training** | | | |
| In this section please list all educational achievements, e.g. GCSE, ‘O’ level, ‘A’ level passes, BTec, City & Guilds, in-service training, degree and professional qualifications including membership of any professional bodies. You will be asked to bring proof of qualifications listed to any interview. | | | |
| Educational Training Establishment:  (from the age of 11) | From: | To: | Qualification gained, training courses completed please state the level and date achieved: |
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| **Members of Professional Bodies** | | |
| Name of Institute/Professional Body: | Level of Membership: (e.g. Fellow) | Membership Number: |
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| **Employment History** | | | | | | | | |
| *Current or Most Recent Period of Employment*: | | | | | | | | |
| Employer’s Name & Address: | Description of Post Held: | | | | From: | To: | | Salary: |
|  |  | | | |  |  | |  |
| Are You Still Employed? | | Yes: | No: | Notice Period Required: | | |  | |
| Brief Description of Main Duties: |  | | | | | | | |
| Reason for Leaving Position |  | | | | | | | |

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| *Previous Employment, starting with the most recent first*: (include any work experience or voluntary work) | | | | |
| Employer’s Name & Address: | Description of Post Held: | From: | To: | Reason for Leaving: |
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| *Periods Unaccounted For*: | | |
| Please give us details of any periods that are not accounted for by the full time employment, education or training. This would include periods of unemployment, carer's responsibilities, ill health, etc. | | |
| Reason/Description of Circumstances: | From: | To: |
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| **Supporting Statement** |
| *Please explain how your experience, achievements to date, skills abilities and knowledge, gained in paid or unpaid work, study or training, meet the relevant criteria as described in the person specification or role profile. Re-read it if necessary.* |
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| **Other Interests You Have** |
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| **Health Details** | | | |
| *Please be assured that any information you may provide here will be treated as strictly confidential* | | | |
| How many days have you been absent from work due to sickness in the last 2 years? | |  | |
| Do you have any condition (physical or mental) which could effect your ability to carry out your duties in this quite demanding role? | | Yes: | No: |
| If Yes, please specify briefly: |  | | |

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| **Earliest Possible Availability Date** | |
| If you were to be offered the applied for position, when could you be available to commence employment? |  |

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| **Declaration** | | | |
| I hereby certify that all the above information is correct | | | |
| Signature: |  | Date: |  |

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| **Equal Opportunities Monitoring Information** | | | | | | | | | | |
| Harrow Carers has an Equal Opportunities Policy and is committed to recruiting the best applicant for the job, regardless of any factor other than the ability to do the job. To help us monitor this policy, please complete the recruitment monitoring section. All information will be treated in the strictest confidence. Your co-operation in its completion is therefore welcome and helpful. | | | | | | | | | | |
| ***Disability***  The Disability Discrimination Act defines a “disabled person” as a person with:  “*A physical or mental impairment which has a substantial or long term adverse effect on their ability to carry out normal day to day activities.*”  The following question on disability is designed to enable us to assess what action we might take to offer positive employment opportunities for people with disabilities. | | | | | | | | | | |
| Do you have a disability? | | | | | | |  | Yes |  | No |
| Are you registered Disabled? | | | |  | If yes, please indicate your registration number: |  | | | | |
|  | Yes |  | No |
| If yes, please describe how the disability affects you. Please state if there are any particular arrangements you would like us to make to assist you in the selection process. | | | | | | | | | | |
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| Are you caring for someone presently? | | | | | | |  | Yes |  | No |
| ***This will not be taken into consideration when reviewing your application*** | | | | | | | | | | |
| Type of illness dependent has? | | | | | | | | | | |
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| I consider my ethnic origin to be? | | | | |  | | | | | |

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| **Declaration of Convictions** | | | | | | | | |
| Please give details of any criminal convictions, cautions or bind overs that are not spent. If the post you are applying for is an exempted employment under the Rehabilitation of Offenders Act (Exemptions) Order 1975, you are also required to declare to us, on this form, any convictions, cautions or bind overs even if you consider them to be spent. If you have no convictions please write ‘none’. Candidates are assured that information regarding convictions will not necessarily disqualify them from consideration. If at any point after completing this declaration, you are given a criminal conviction you must tell Harrow Carers immediately. If you are appointed and are given a criminal conviction, you must tell your Manager immediately. | | | | | | | | |
| **Date:** | | **Offence:** | | | | | | |
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| If you provide false information or knowingly omit or conceal any relevant fact about your eligibility for employment we will remove you from the list of candidates. If such a discovery is made after you have been appointed then you will be liable to be dismissed without notice.  Harrow Carers is under a duty to protect itself, its staff and its clients, and to this end may use the information you have provided on this form within Harrow Carers for the prevention and detection of fraud. It may also share this information with other partners administering public funds solely for these purposes. | | | | | | | | |
| Has someone completed this form on your behalf? | | | | |  | Yes |  | No |
| Name: |  | | Signature: |  | | | | |

**Homecare Services – Care Support Worker Availability Form**

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| Care Support Worker Name: | | | |  | | | | | | | | | |
| ***Please indicate your availability by placing a* ‘🗴’ *in the appropriate boxes below***  *As you know our work covers 24hrs/7 days a week (which includes the weekends) therefore all are required to be flexible on weekends for covers.*  ***Please note the more flexible you are, the more work you receive.*** | | | | | | | | | | | | | |
| Time: | Monday | | Tuesday | | Wednesday | Thursday | Friday | | Saturday | | Sunday | | |
| 0600-0700 |  | |  | |  |  |  | |  | |  | | |
| 0700-0800 |  | |  | |  |  |  | |  | |  | | |
| 0800-0900 |  | |  | |  |  |  | |  | |  | | |
| 0900-1000 |  | |  | |  |  |  | |  | |  | | |
| 1000-1100 |  | |  | |  |  |  | |  | |  | | |
| 1100-1200 |  | |  | |  |  |  | |  | |  | | |
| 1200-1300 |  | |  | |  |  |  | |  | |  | | |
| 1300-1400 |  | |  | |  |  |  | |  | |  | | |
| 1400-1500 |  | |  | |  |  |  | |  | |  | | |
| 1500-1600 |  | |  | |  |  |  | |  | |  | | |
| 1600-1700 |  | |  | |  |  |  | |  | |  | | |
| 1700-1800 |  | |  | |  |  |  | |  | |  | | |
| 1800-1900 |  | |  | |  |  |  | |  | |  | | |
| 1900-2000 |  | |  | |  |  |  | |  | |  | | |
| 2000-2100 |  | |  | |  |  |  | |  | |  | | |
| 2100-2200 |  | |  | |  |  |  | |  | |  | | |
| 2200-2300 |  | |  | |  |  |  | |  | |  | | |
| 2300-0000 |  | |  | |  |  |  | |  | |  | | |
| Overnight: |  | |  | |  |  |  | |  | |  | | |
|  | | | | | | | | | | | | Yes | No |
| Do you hold a driving license and own your own car? | | | | | | | | | | | |  |  |
| Do you rely on public transport as your primary mode of transport? | | | | | | | | | | | |  |  |
| Care Support Worker  Signature: | |  | | | | | | Date: | |  | | | |