



“Promoting Independence”

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APPLICATION FOR EMPLOYMENT

Please read the guideline notes provided before you fill in this form.
When you have completed it, send it to the address given

Position applied for: SUPPORT WORKER																			
Full name including title:																			
Full Postal Address:																			
Home Tel Number:			Mobile number:																
<i>(Please include any recruitment/employment agencies if you are registered with one)</i>																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Name and Address of current/ last employer</th> <th style="width: 10%;">From</th> <th style="width: 10%;">To</th> <th style="width: 20%;">Position held</th> <th style="width: 25%;">Reason for leaving</th> </tr> </thead> <tbody> <tr> <td>.....</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name and Address of current/ last employer	From	To	Position held	Reason for leaving									
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<i>(Continue on extra sheet if you need to do so, please write your name at head of any extra sheets)</i>																			
Sick leave: How many days sick leave have you taken in the last 12 months? _____																			
If this exceeds 5 days, please attach a record, or write below, of the number of days together with a brief indication for the reason of absence.																			
<i>(This information will be treated in confidence. Sick leave is checked against references)</i>																			

Describe what experience you have of supporting or caring for people. Include any paid, voluntary or personal experience.

Within this experience, give an example of how you have supported someone to learn or participate in an independence skill. Describe any factors you had to take into consideration.

Use this space to give a concise account of your other experience and skills which are relevant to the post. Use the personal specification and the guidelines to help you. You may attach an extra sheet if you need to.

Physically and Mentally fit to work		
Are you in good health?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]
Do you have any disabilities which may affect your application? <i>(If yes to the above question, please give a brief explanation below)</i>	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]

Please note: The Care Standards Act (2000) states that we can only employ support staff who are physically and mentally fit to work with Adults with Learning Disabilities. By signing below you are agreeing that, to the best of your knowledge you are physically and mentally fit to work. *(This proviso does not apply to office administration staff)*

Signed:

Date:

