

# CARE SUPPORT MK LTD APPLICATION FORM



**PLEASE NOTE:** It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter into a section please write N/A.

Personal Details			
<b>Title:</b> <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify)		<b>Name (First/ MI/ Last)</b>	
<b>Address:</b>			
<b>Postcode:</b>		<b>NI Number:</b>	
<b>Telephone:</b>		<b>Alternate Phone:</b>	
<b>Email:</b>			
<b>Referred by?:</b>			
<b>Vaccination</b>	<input type="checkbox"/> 1 <sup>st</sup> Vaccine	<input type="checkbox"/> 2 <sup>nd</sup> Vaccine	<input type="checkbox"/> Booster

Job Type							
<b>Which position are you applying for?</b>							
<b>Days/hours available to work</b>							
<input type="checkbox"/> I have no preference	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
<b>I am seeking a:</b>	<input type="checkbox"/> Full time		<input type="checkbox"/> Part time		<input type="checkbox"/> Bank		
<b>How many hours can you work weekly?</b>				<b>Preferred start date</b>			

Additional Information			
<b>Have you been employed by this organization in the past?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are you a UK citizen?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you own a Full Driving License?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Driver's License Number:</b>
<b>Any Endorsements? (provide dates &amp; details)</b>			

Current Employer		
<b>Work Address:</b>		
<b>Postcode:</b>	<b>Type of Business:</b>	<b>Telephone Number:</b>
<b>May we contact them prior to interview?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Emergency Contact / Next of Kin***(Must be aged 18 or over)*

<b>Full Name:</b>		<b>Relationship:</b>
<b>Adress:</b>		
<b>Postcode:</b>		
<b>Telephone:</b>	<b>Alternate phone:</b>	<b>Work phone:</b>

**Education**

<b>School</b>	<b>Location</b>	<b>Years completed</b>	<b>Subject</b>	<b>Qualification/s</b>
<b>High school</b>				
<b>College or Business/Trade School</b>				

## Work experience

<b>Do you need a work permit to be employed in the UK?</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><i>Full 10 Year Employment History - Please give details of all current and previous paid / voluntary employment (both UK and overseas) in chronological order starting with most recent. If you attended education during the 10-year period please include the educational establishment/s in your history. Providing incomplete information may result in not being selected for interview.</i></p>				
<b>Company:</b>		<b>Name of last supervisor:</b>		<b>Hrs/week:</b>
<b>Address:</b>		<b>Start date:</b>	<b>Starting salary:</b>	
<b>Postcode:</b>		<b>End date:</b>	<b>Final salary:</b>	
<b>Phone number:</b>		<b>Your last job title:</b>		
<b>Reason for leaving (be specific)</b>				
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>				
<b>May we contact this employer?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Company:</b>		<b>Name of last supervisor:</b>		<b>Hrs/week:</b>
<b>Address:</b>		<b>Start date:</b>	<b>Starting salary:</b>	
<b>Postcode:</b>		<b>End date:</b>	<b>Final salary:</b>	
<b>Phone number:</b>		<b>Your last job title:</b>		
<b>Reason for leaving (be specific)</b>				
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>				
<b>May we contact this employer?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<b>Company:</b>	<b>Name of last supervisor:</b>	<b>Hrs/week:</b>
<b>Address:</b>	<b>Start date:</b>	<b>Starting salary:</b>
<b>Postcode:</b>	<b>End date:</b>	<b>Final salary:</b>
<b>Phone number:</b>	<b>Your last job title:</b>	
<b>Reason for leaving (be specific)</b>		
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>		
<b>May we contact this employer?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Member of professional organization/ trade union?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Details if yes:</b>		

<b>If offered this position will it be your only employment (paid or voluntary):</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'No': Please read and sign this confirmation of other employment (paid or voluntary):		
<p><i>"I am currently in other employment and I would like to continue this in addition to the position I am applying for with Care Support MK Ltd. My other employer/s is / are:</i></p> <p><i>To the best of my knowledge, there will be no professional or personal conflict of interest in this / these employment/s that will impact on the role I have applied for. If any conflict of interest develops, I understand I am obligated to inform Care Support MK in the interests of transparency, this need not affect my new role."</i></p>		
<b>Full Name:</b>	<b>Signed:</b>	<b>Date:</b>

## Fulfilling the Needs of the Role

We often support people that have a range of interests such as swimming, cycling, running, sports, gardening etc.

Please tell us below if you have any similar interests or hobbies. Or share any information that may have a bearing on your ability to carry out any of these, or similar activities?

## References

Exclude relatives, former colleagues or those from your social circle. References must come from a Manager, HR department, or Director. **One** reference **must** be your previous employer if you are not applying directly following education. References from educational establishments are accepted. All references will be verified.

**Please include company name, company address, phone number, referee's name and position, company's email and circumstances of your acquaintance.**

1.

2.

## Languages

Language spoken			
	<input type="checkbox"/> Limited understanding	<input type="checkbox"/> Can converse a bit	<input type="checkbox"/> Good knowledge/Fluent
	<input type="checkbox"/> Limited	<input type="checkbox"/> Can converse a bit	<input type="checkbox"/> Good knowledge/

	understanding		Fluent
	<input type="checkbox"/> Limited understanding	<input type="checkbox"/> Can converse a bit	<input type="checkbox"/> Good knowledge/Fluent
	<input type="checkbox"/> Limited understanding	<input type="checkbox"/> Can converse a bit	<input type="checkbox"/> Good knowledge/Fluent

### Checklist of Experience

**Have you had training and/or experience in the following? Please tick where applicable.**

Supporting people to dress	<input type="checkbox"/>	Denture/mouth care	<input type="checkbox"/>
Care of fingernails	<input type="checkbox"/>	Care of eyes	<input type="checkbox"/>
Hair care	<input type="checkbox"/>	Shaving	<input type="checkbox"/>
House work	<input type="checkbox"/>	Cooking, food safety	<input type="checkbox"/>
Supporting people to prepare food	<input type="checkbox"/>	Laundry	<input type="checkbox"/>
Supporting people on holidays	<input type="checkbox"/>	Use of bath aids	<input type="checkbox"/>
Supporting people with intimate personal care	<input type="checkbox"/>	Managing challenging behaviour	<input type="checkbox"/>
Makaton/ Sign language	<input type="checkbox"/>	Lone working	<input type="checkbox"/>
Supporting people with appointments	<input type="checkbox"/>	Key working	<input type="checkbox"/>
Manual handling	<input type="checkbox"/>	Completing records and reports	<input type="checkbox"/>
Working with people who have autism	<input type="checkbox"/>	Administering & recording medicine	<input type="checkbox"/>
Working with visual communication aids, e.g., social stories, pictorial schedules.	<input type="checkbox"/>	General support in the community	<input type="checkbox"/>

*I understand that additional checks, may be requested as a condition of my employment.*

*I confirm that to the best of my knowledge the information I have provided in this application is correct. I understand that deliberately withholding information or providing false information which could have an impact on this application or the results of interview, could result in my dismissal.*

**Full Name:**

**Signed:**

**Date:**

**Please return the completed application form to:**

Care Support MK Ltd  
 Artemis House  
 4B Bramley Road  
 Bletchley  
 Milton Keynes  
 MK1 1PT

**Or email to:** [naomi@caresupportmk.co.uk](mailto:naomi@caresupportmk.co.uk)

**STRICTLY CONFIDENTIAL**

**PLEASE READ AND COMPLETE THIS DOCUMENT IN FULL, SIGN AND DATE.**

**Name:**

**Address:**

**Postcode:**

Supplementary to Application Form for Persons Applying for Posts which are exempted under the Rehabilitation of Offenders Act 1974.

The nature of the work for which you are applying, is exempt from the provisions of 2.4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Employer. Any information given will be completely confidential and will be considered only in relation to this application.

It is a statutory requirement that a criminal record check (DBS) and Protection of Vulnerable Adults check (POVA) is made on all employees and, whilst you are able to commence work under the "Fast Track Scheme", confirmation of your employment can only be given once (A) a full check has been made, (B) we are in receipt of two written references, (C) you have completed your induction and mandatory training and (D) your performance over the first three months of your employment (or any extended probation) has been reviewed and confirmed as satisfactory or better.

<b>Have you ever been convicted of a criminal offence by a court of law?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>Have you ever been Cautioned, Reprimanded or Warned by the Police for any recordable or criminal offence either in the UK or abroad? (except for minor motoring offences).</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**If yes to any part of the above, please give details including the offence and date:**

I confirm that I have read the above statement and that the information I have given is true.

**Signed:**

**Date:**