



Complete Support
Care Services

APPLICATION FORM

POSITION APPLIED FOR

.....

SOME GUIDELINES TO HELP YOU

Please read the form thoroughly, then complete it carefully and in full, in your own handwriting. Please ensure you complete **ALL** sections. Your application will be treated in the strictest confidence. **Please complete the following details clearly in BLOCK CAPITALS**

PERSONAL

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other Sex: Male ☐ Female ☐

First Name..... Middle Name(s)

Surname..... Place of Birth

Home address Time at this address

Postcode Email

Home tel Mobile

Date of Birth (Optional) National Insurance No

Marital Status: Single ☐ Married ☐ Living with partner ☐ Separated ☐ Divorced ☐ Widowed ☐

Previous Names (Please provide details of dates used)
.....

Do you hold a full UK Driving Licence?	Yes/No	Manual/Automatic
Do you have any endorsement?	Yes/No	If yes, please give details

EMERGENCY CONTACT

Name of Contact..... Relationship to you

Home address

Postcode Mobile

Home tel Work

ELIGIBILITY

I confirm that I am entitled to work in the UK on the following basis;	Please tick below
EU Citizen	
Right of Abode in the UK	
Permit Free Visa/Student Visa	
Spouse of an EU Citizen	
IF ENTITLED TO A PERMIT FREE STATUS/STUDENT VISA, PLEASE GIVE EXPIRY DATE:	



WORK HISTORY

Please provide your entire work history since leaving education and explain any gaps – even if you have supplied us with a CV. Please give the month AND year of the start and end date of each of your jobs or gaps. Please continue on a separate sheet if necessary.

Company Name & Address	Position	Start	End	Duties	Reason for Leaving

EDUCATION

Name and address of School/College	Qualifications	Grade	Year attained

HOURS AVAILABLE TO WORK

Please indicate on the chart when you are not available to work.

TIMES	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
8am – 10am							
8am – 4pm							
4pm – 9pm							
6pm – 9pm							
SLEEP-INS							

REFEREES

Please give the names of two people, **including your present or most recent employer**.

Name Position

Company Name & Address

..... How long have you known this person?

Post Code Tel

Can we make Contact at this stage? **YES/NO** Email

Please sign to consent to us applying for a reference from the above information provided

Name Position

Company Name & Address

..... How long have you known this person?

Post Code Tel

Can we make Contact at this stage? **YES/NO** Email

Please sign to consent to us applying for a reference from the above information provided

REHABILITATION OF OFFENDERS ACT 1974

By virtue of the rehabilitation of offender's act 1974 (exceptions order 1975) (all candidates)
The rehabilitation of offender's act 1974 permits a person in certain circumstances to ignore offences committed in the past when asked of previous convictions. These convictions are known as spent convictions. However, the exception order 1975 states that **staff caring for the young, the sick and the handicapped are not allowed to withhold details of any offences for which they have been convicted however long ago these convictions were served.**

Have you ever been convicted of a criminal offence or received a caution, reprimand or warning?

YES/NO

If you have answered yes to the above, please list any offences for which you have been convicted, cautioned, reprimanded or warned, regardless of the seriousness of the offence or how long ago the notice was served.

PROFESSIONAL MISCONDUCT

Have you ever been the subject of professional misconduct proceedings or suspension from an employer, or are such pending or threatened against you?

YES/NO

If yes, please give details;

COMPLETE SUPPORT CARE SERVICES LTD IS AN EQUAL OPPORTUNITIES EMPLOYER

Complete Support Care Services Ltd is committed to an equal opportunity policy in employment and will assess applicants for jobs without regard to disability, marital status, race or sex. To enable us to monitor this policy this application form includes questions relating to these topics. Please indicate to which of the following groups you belong:

Marital Status: Single ☐ Married ☐ Living with partner ☐ Separated ☐ Divorced ☐ Widowed ☐

Gender: **Male / Female**

Have you a disability which you would like us to know about? YES/NO

If yes, please describe

.....

If you have a disability what adjustments, if any, can we make to assist your application?

.....

Please indicate which best describes your ethnic origin:

White ☐ Black/Caribbean ☐ Black/African ☐ Black/other ☐ (please specify)

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐

Other ☐ (please specify)

DECLARATION

In order for us to process your application form it is important that the information you provide is accurate and that ALL sections are completed. Your signature below confirms that the information you have given is true and complete. Failure to disclose relevant information or the declaration of false information may render you liable for dismissal.

Signature.....PRINT NAME.....Date of signing.....

Please return your completed application form to: **Head Office, 36 Ashley Lane, Northampton, NN3 7TJ**