

Increasing Opportunities for People with a Learning Disability

Application Form

Post Applied For:..... **How many Hours?**.....
(Full time positions must include evenings, sleeps and weekends)

Personal Details

Title: Mr/Miss/Mrs/Ms/Dr/other..... Email:

Surname: Do you give consent to keep your email address for
Forename: future reference? Yes No

Other names..... National Insurance Number:

Previous name(s) used: Telephone Numbers:
Address:..... Home:.....
..... Work:.....
..... Mobile:.....
Postcode:.....

Data Protection Declaration

The information you provide will be stored in accordance with The Data Protection Act 1998.
If you are successful in gaining a position with Citizenship First the information provided by you will be transferred in its entirety to your personal file.
The information will then be destroyed in accordance with the legal requirements and policies in place at the time.
If you are unsuccessful in gaining a position with Citizenship First on this occasion the information provided by you will be held for between 9-12 months after the closing date for a post, at which point application details will be destroyed .

Training

Please list all training courses you have attended that are relevant to the post:

Training	Grade	Date

Employment History

Current or Most Recent Employment

Employer's Name and Address:

.....
.....
.....
.....

Job Title:.....

Description of Duties and Responsibilities:

.....

Start Date:.....

End Date: (if applicable).....

Notice Period:.....

Salary:

Reason for Leaving:.....

References

Any offer of employment will be subject to the receipt of references which are satisfactory to Citizenship First. Please provide details of two referees, **one of which must be your current or most recent employer**, and the other should be from a previous employer. Please note for Support Worker posts that the Care Standards Act 2000 (schedule 3) states that we must have references covering the **most recent three months of work in a support or caring role**. If you have not previously worked, please provide the name of another suitable person (e.g. a teacher, lecturer or other professional person), who must not be a relative or partner, who could give a character reference.

Name:

Name

Company:

Company:

Address

Address:

.....

.....

Job Title:

Job Title:

Telephone Numbers:

Telephone Numbers:

Work:

Work:

Email:

Email:

May we approach at conditional offer? Yes/No

May we approach at conditional offer? Yes/No

Next of Kin

Name: Telephone Numbers:.....

Address: Home:

..... Work:

Postcode: Mobile:

Relationship:

Are you related to/know any current or previous employees of Citizenship First: Yes/No (if yes who?).....

Rehabilitation of Offenders Act 1974

Name:.....

Post Applied For:.....

Please give details of any court convictions, outstanding summonses or prosecutions (including **SPENT** convictions) as due to the nature of the work that you have applied for, the post is **EXEMPT** from the provision of the Act (Section 4(12)) by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions Orders 1975).

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE, BOUND OVER BY THE COURT OR CAUTIONED OR REPRIMANDED BY THE POLICE? **Yes/No**

HAVE YOU EVER BEEN REFERRED TO THE INDEPENDENT SAFEGUARDING AUTHORITY (ISA) IN RELATION TO THE PROTECTION OF VULNERABLE ADULTS AND OR CHILDREN **Yes/No**

If your answer is yes to either of the above questions, please provide details

<u>NATURE OF OFFENCE</u>	<u>SENTENCE OR COURT ORDER</u>	<u>DATE</u>
.....
.....
.....
.....

DECLARATION

I declare that all the information I have given in this declaration is true, complete and accurate and I understand that if any false statement or omission is found, I may be regarded as ineligible for recruitment or dismissed after my employment has commenced.

If appointed, I undertake to notify Citizenship First if I am convicted of any new offences, including motoring offences, during my employment.

Signed:.....

Date:.....

Supplementary Questions

Please find below a set of questions that will help you, and us, decide whether you are suitable for the post you are applying for. Please circle the appropriate answer to all questions and sign the form once finished:

1. Part of the role may involve supporting people with personal care needs, this may include assistance with eating, bathing, showering and going to the toilet. Do you feel able to do this?

YES

NO

2. Some of our clients can display challenging behaviour in various ways, do you feel able to support our clients and manage this behaviour?

YES

NO

3. The job involves working unsociable hours which can include early mornings from 7.00am, evenings until 11pm and weekends on a rota basis. Many of our clients need support on every day of the year; are you therefore prepared to work on a rota basis including Bank Holidays, Christmas and New Year?

YES

NO

4. Some services require a sleep-in service: on these services you sleep in a dedicated staff bedroom in clients' homes between an evening and morning shift. You are on call during this period and may be woken up and need to support client during the night. A payment is made for this additional responsibility. Are you happy to do this?

YES

NO

5. A waking night service is provided as part of some services; this involves supporting clients and being awake through the night. An enhanced rate is paid for this type of shift. Are you prepared to work a night shift if needed?

YES

NO

6. A number of our clients require support to go swimming or to hydrotherapy. Are you able to swim and willing to support clients to do undertake these activities?

YES

NO

7. Certain teams provide a standby service: this requires a worker to have a mobile phone between shifts (including overnight) and to be available to offer telephone support or go out and support the client if needed. A payment is made for this additional responsibility. Are you happy to do this?

YES NO

8. Do you have any other paid or voluntary work which you would like to continue if you are successful?

YES NO

If yes please give details of days and times:.....

*** Please note if successful this will be your main employment and will take discretionary priority over any other paid or voluntary work.**

9. Are you willing to work flexibly and at short notice to help cover staff absence as required?

YES NO

10. Have you ever been dismissed from a job, involved in disciplinary proceedings or safe guarding adults?

YES NO

If yes please give details:.....

11. Do you hold a full UK Driving Licence?

YES NO

Do you own your own car? If yes, are you prepared to use your car for work?

YES NO

Are you prepared to purchase business insurance?

YES NO

Signed..... **Date**

Data Protection Act:

Citizenship First will process and store all data in compliance with the Data Protection Act 1998 and the company's Data Protection Policy.

I consent to the information I have given being stored and processed as described above

Name:		Date:	
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Increasing Opportunities for People with Learning disabilities
Citizenship First is an equal opportunities employer

"Two Ticks" We are positive about disability and committed to the standard therefore if you meet the essential minimum criteria you will be guaranteed an interview.

Availability

Please state yes/no in the boxes and times where appropriate

Hours:

Please state your availability to enable us to match you to our shift patterns

	All Day – 12am – 12pm	Part Time – State the time you can work	Wake Nights Start - End Time	Sleeps - Start - End Time
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Behavioural Experience – E.G. autism, challenging behaviour, sensory disability, dementia.	
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I declare that the information given on this form is true to the best of my knowledge:

Signed:	Print:	Date:
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