

APPLICATION FORM

All information will be treated as strictly confidential and no approach will be made to any person without your permission. Please print clearly.

Position:

If you obtained this position, would you continue in any other employment? Yes/No
If yes what hours will you be available to work?

Is your ability to perform this job limited in any way? If yes, how could we help you to overcome these limitations?

POST APPLYING FOR

Type of post	Hours Required	Location(s) preferred –insert <input checked="" type="checkbox"/>	
Support Worker	Full time	Newcastle (inc. Gosforth, Walker Throckley, Dinnington, Jesmond)	
Senior Support	Part time	Gateshead	Hexham
Administration	Relief	Prudhoe	
Management	Waking Nights	Haltwhistle	
Team Leader			
Other			

PERSONAL DETAILS

Mr/Mrs/Ms/Other	First Name(s)	Surname	
Place of Birth	Male	Female	
Permanent Address	Home Telephone Number		
	Mobile Telephone Number		
Postcode	E-Mail Address		
Are you a car owner?	Yes/No	Any motoring prosecutions pending?	Yes/No If yes, give details
Do you hold a full valid UK Driving licence?	Yes/No	Do you have the right to take up employment in the UK?	Yes/No
Any current endorsements?	Yes/No If yes, give details	If you have a work permit what year does this expire?	

Document Title	Location	Original Creation Data	Version
Application Form	AHITC – Forms HR	AHITC 2008	Final July 2011 JP

CONVICTIONS/CAUTIONS

If you have been **convicted** of any crime or cautioned you **must** tell us. It may still be possible to employ you. This post is exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974. You must tell us about **any conviction or caution spent or unspent** and failure to do so may result in the job offer being withdrawn. You may continue on a separate sheet if necessary.

Date(s) and Nature of Offences(s)

EMPLOYMENT HISTORY

PRESENT EMPLOYMENT

Name of Employer	Address	Job title or duties	Dates
			Reason for leaving
			Salary

PREVIOUS EMPLOYMENT

Please list the most recent employment first continuing on a separate sheet if necessary and **if there any gaps in employment please explain why on a separate page clearly indicating your name.**

Name of Employer	Location Worker	Job title or duties	Dates From	Dates To	Reason for leaving
					Salary
					Salary
					Salary
					Salary

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TRAINING

Please list all training you have received over the last **three** years. If you are offered a position with us you may be asked to provide copies of relevant certificates.

Date	Title of Training	Held at?	Provided by?	Qualification?

Continue on the reverse if necessary

**PROFESSIONAL QUALIFICATION
EDUCATION AND TRAINING – SCHOOL COLLEGE etc**

Date		School/College	Subject/Grade (qualifications)
From	To		

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SKILLS, ABILITIES, KNOWLEDGE AND EXPERIENCE

Please tell us why you want this post and what makes you feel that you can do it. You may continue onto a separate page if necessary.

Have you had contact with people with learning disabilities? Please tell us about it. Also previous relevant experience.

Please describe the skills you have that will make you an effective support worker?

Please tell us something about yourself and your hobbies or interests.

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REFERENCES

Please give names and addresses of two people, not relatives, who are prepared to act as referees for you. One should be your present or most recent employer. We will contact these referees immediately if you are short listed for this post, unless you ask us to wait until after a firm offer of work has been given.

First Referee Current or most recent Employer Work Reference	Second Referee Previous Employer
Full Name and Position	Full Name and Position
Relationship	Relationship
Address	Address
Postcode	Postcode
Telephone Number	Telephone Number
E-mail Address	E-Mail Address
YES go ahead/NO please wait	YES go ahead/NO please wait

OTHER

Are there any dates which you cannot attend for interview?
How many years have you lived in the UK?
When would you be available to start work?

DECLARATION

The above information is true. I understand that any job offer made on the basis of untrue or misleading information may be withdrawn or my employment terminated.
Signature _____ Date _____

Please return the completed form to: - **At Home in the Community, 391 West Road
Newcastle Upon Tyne, NE15 7PY**

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