RECRUITMENT APPLICATION FORM

Post applied for: Available	start date: How did you find about the vacancy:							
Support Worker								
1. PERSONAL DETAILS								
Surname:	Forename(s):							
All Previous Names:	Date of Birth:							
Address:	E-mail address:							
Postcode:								
Daytime Tel No.	Evening Tel No.							
Do you have a current Driving Licence: Yes No	Is your driving license a manual license? Yes No							
Do you have any endorsements on you								
Driving License? Yes or No (If Yes please give details)	Yes please give details) Yes No							
Yes No								
Nationality:	National Insurance No:							
Do you require a visa to work in the UK Yes No	When does your visa expire							
How many hours are you entitled to work								
(Detai	2. EDUCATION ls below may be checked)							

Name/Address of Schools	Da	ate	Qualifications	
attended since age 11	From	To	Qualifications	

3. FURTHER EDUCATION

(Details below may be checked)

Date

Place of Education		Date	T	ype of Training /Qualifications
	From	To		
4	. EMPLO	YMENT DE	TAILS/	HISTORY
				-
D	1			
Present or Most Recent Em	ipioyer:			
Type of Business:		Job Title:		
Start date:	1	Leaving date:		Salary:
Start date.	1	Leaving uate.		Salai y.
Address:				
Post code:				
Duties/Responsibilities:				
Duties/Responsibilities.				
Previous Employer:				
Type of Business:	Job T	itle:		
Start data	Loovi	na dotos	Cal	0.447.4
Start date:	Leavi	ng date:	Sai	ary:
Address:				
Post code:				
Duties/Responsibilities:				

Previous Employer:		
Type of Business:	Job Title:	
Start date:	Leaving date:	Salary:
Address:		
Post code:		
Duties/Responsibilities:		

5. Community/Voluntary Experiences:

Name of Organisation &	Dates From To		Dates				Post/Title:	Duties:
Address:			1 USU TILIE.	Duties.				

6. GAPS IN CV [To be completed by applicant]

FROM	то	EDUCATION / EMPLOYMENT HISTORY	REMARKS **Note any gaps in CV and request written explanation.

7. ADDITIONAL PERSONAL DETAILS

8.	Have	you eve	r worked	with vulne	erable adı	ılts or chi	ldren bef	ore?		
	YES			NO						
	Please	state in	the box b	oelow the	reasons w	hy you lef	ft the abo	ve post / j	posts.	

10. EQUAL OPPORTUNITIES & ETHNIC MONITORING

Marcus & Marcus wholeheartedly supports the principle of equal opportunities in employment and opposes all forms of unlawful or unfair discrimination on the grounds of sex, race, nationality, ethnic or national origin, marital status, age or disability.

Under the requirements of the Race Relations Act, the employer must monitor the numbers of staff in post and the numbers of applicants for employment, training, and promotion by reference to the ethnic groups to which they belong.

In order to comply with the Race Relations Act & to identify any barriers that may exist within our organisational procedures, we monitor the ethnic origin of all employees throughout the employment cycle by requesting the following information.

All information is confidential. This form will be separated from your application before consideration of candidates takes place and will not be available to those involved in the selection process.

a.	My gender is Female Male
b.	My age group is
c.	What is your marital status? Married Single
d.	Do you consider yourself disabled? Yes No
If y	you have answered yes, what is the nature of your disability?
	Dyslexia
	Visual impairment
	Hearing impairment
	Mobility difficulties and/or wheelchair use
	Personal care support required
	Mental health difficulties
	An unseen disability (i.e. diabetes etc)
	Multiple disabilities
	A disability not included here
	Prefer not to say

e. What is your ethnic group?

	MIXED		ASIAN _	
	White and Black Caribbean		Indian	
	White and Black African		Pakistani	
	White and Asian		Bangladeshi	
	Other Mixed		Other Asian	
CK BRITI	SH CHINESE OR	OTHER E	THNIC GROUP	
	Chinese			
ETHNIC G	ROUP PLEASE	SPECIFY	,	•••••
	11. GENERAL INFOR	MATION		
in				
, Local				
0 n				
letails)				
110115.				
	in bs, etc.: , Local en iminal	White and Black Caribbean White and Black African White and Asian Other Mixed CK BRITISH CHINESE OR Chinese Chinese 11. GENERAL INFORM in bs, etc.: Local en iminal details) rofessional	White and Black Caribbean White and Black African White and Asian Other Mixed	White and Black Caribbean

12. PROFESSIONAL REFEREES:

(Please note you must use your most recent jobs/ or education institution. This must correspond with Sections 3 & 4)

Name:	Tel:
Address:	Post code:
Occupation / Job title:	Official / Organisation E-mail address
Name:	Tel:
Address:	Post code:
Occupation / Job title:	Official / Organisation E-mail address
Yes No Please give details of your next of kin, who	
Name:	Tel:
Address:	Post code:
Relationship:	
made and accepted and release the Companinformation.	support this application once an offer of employment has been any and referees from any liability caused by giving and receiving its form is to the best of my knowledge true and complete. Any ejection or dismissal
Signed: Date: _	



Understanding your availability.

In order to meet the needs of the people we support we need to understand what your 'realistic' availability is and how this will work for our service users.

As a general rule if you are looking for a part time contract then you need to make yourself available for at least 15 shifts (2 of these shifts must be during the weekend); if you are looking for a full time contract, then you need to make yourself available for all 21 shifts. We would always give you plenty of notice so you would know what shifts you would be working on.

Please indicate your availability by putting a \checkmark in the boxes you are available for work and a \times in the time slots you are NOT available for work; for example if you are available for work Tuesday mornings between 8am – 3pm then mark this box with a \checkmark

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
8 am – 3pm							
3pm – 10pm							
Waking Night/Sleepover							

Do you have permission to reside and work in the UK? YES / NO _(mark as appropriate)								
If you have a Visa to work in the UK, when does it expire and what is your visa number and how many hours are you entitled to work:								
Expiry date:	Visa number:		Number of hours entitled to work					
Name of Candidate:		Signature	Date					



PRE-EMPLOYMENT QUESTIONNAIRE

Name: Position applied for Physical description:							
Doctor's name and address:							
Height:	ft	inches	OR	e met	ric		
Weight:	stones	lbs	OR	k kg			
Are you suffering or have you ever suffered from:		Yes	No	Please give details			
Back or neck pain?							
Rheumatic or arthritic conditions?							
Hernia?							
Upper limb disorder such as tenosynovitis, tendonitis or carpal tunnel syndrome?							
Fits, fainting attacks or epilepsy?							
Depression, anxiety or nervous illness or have you been referred for psychiatric assessment?							
Typhoid, paratyphoid, dysentery or food poisoning?							
Tuberculosis or hepatitis							
Any illness or medical condition not specified above.							
Name of Ca	ndidate:			Date	eSignature		

	Yes	No	Please give details		
Have you ever lost time from work as a consequence of one of the above conditions?					
Are you currently on any medication, or undergoing any treatment?					
Have you ever taken time off work due to an accident at work?					
Have you ever been in receipt of state benefit as a consequence of an illness or injury arising from your work?					
Have you ever been awarded compensation for an injury or illness arising from your work?					
Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) order 1975. Applicants are therefore not entitled to withhold information about convictions, which for any other purposes are 'spent' under the provisions of the Act. Failing to disclose such convictions could result in dismissal. Please give details of any Criminal convictions or prosecutions pending.					
I declare that the statements are true. I am now in, and usually enjoy, good physical and mental health. I understand that the non-disclosure or suppression of any relevant facts known by me may prejudice my					
application, or if appointed could lead to I agree that a medical report may be ob					
Name of Candidate:		Da	nte Signature		