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| **Employers name:**  **Location:** |  |
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| **Personal Assistant Application Form** | |

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| PRIVATE & CONFIDENTIAL **Return this form to**:  Knowsley Disability Concern  263A Tarbock Road  Huyton  L36 0SD  [recuitment@kdc.org.uk](mailto:recuitment@kdc.org.uk) | | | | | | | | | |
| **Title:** | Mr / Mrs/ Ms/ Miss/ Other (delete as appropriate) | | | | | | | | |
| **Surname:** |  | | | | | | | | |
| **Forename(s):** |  | | | | | | | | |
| **Date of Birth:** |  | | | **National Insurance number:** | | |  | | |
| **Address:** |  | | | | | | | | |
| **Post Code** |  | | | | | | | | |
| **Email Address** |  | | | | | | | | |
| **Home Telephone** |  | | | | **Work Telephone** | |  | | |
| **Mobile** |  | | | | | | | | |
| **Current driving license?** | Yes/No | **Groups** |  | | | **Expiry Date:** | |  | |
| **Details of any Endorsement/s:** |  | | | | | | | | |
| **Are there any restrictions on you taking up work in the UK? (please provide details)** | | | | | | | | | Yes/No |
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| **Education including higher education** | | | |
| **Dates**  **From – To** | **Name & Address of School** | **Qualifications** | **Grades** |
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| **Any other training (continue on a separate sheet if necessary)** | | | |
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## OTHER EMPLOYMENT

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| **Please note any other employment you would continue with if you were to be successful in obtaining this position**. |
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# LEISURE

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| **Please note here your leisure interests, sports and hobbies, or other pastimes, etc**. |
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**EMPLOYMENT HISTORY (Please complete in full using a separate sheet if necessary, starting with your most recent employment and give reasons for any gaps in employment)**

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| **From – To** | **Name & Address**  **of employer** | **Brief description of duties** | **Reason for leaving** |
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# REFERENCES

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| **Please provide details of TWO referees who can provide information relating to your competency in a caring role, one of whom must be your present or most recent employer. If you are a student, please give an academic referee. If you are applying for a post which requires unsupervised access to children/vulnerable adults, we reserve the right to approach any past employer for a reference.** | | | |
| **Name**: |  | | |
| **Position**: |  | | |
| **Organisation**: |  | | |
| **Address**:  **Postcode**: |  | | |
| **Tel No**. |  | | |
| **May they be approached prior to any interview?** Yes/No | | | |
| **Name**: |  | | |
| **Position**: |  | | |
| **Organisation**: |  | | |
| **Address**:  **Postcode**: |  | | |
| **Tel No**. |  | | |
| **May they be approached prior to any interview?** Yes/No | | | |
| **I give my consent for the above to be approached in respect of this application** | | **YES 🞏** | **NO 🞏** |

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| 1. **Please tell me about other jobs you have done and about the skills you used and/or learned in those jobs:** |
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| 1. **Please tell me why you have applied for this post and give examples of things you have done that make you particularly suited to the job:** |
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**SPECIAL REQUIREMENTS (CARE SECTOR)**

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| Because this position involves the care of children and/or vulnerable adults employment is dependent on the following:   1. Your written consent to obtaining a standard/enhanced disclosure certificate from the Criminal Records Bureau or an approved umbrella body. 2. Such disclosure being acceptable to the employer. 3. Proof of identity – birth or marriage certificate (where appropriate) and passport (if available). 4. Two satisfactory written references. |

**CAUTIONS, REHABILITATION AND CRIMINAL RECORDS**

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| 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 Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 **must be disclosed**, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.  In addition **you are required** to submit to a DBS check. Any standard or enhanced disclosure made by the DBS/SCRO will remain strictly confidential.  Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? |
| **YES / NO (delete as required)** |
| **If Yes, provide details below** |
|  |

**DECLARATION (Please read carefully before signing this application)**

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| --- | --- | --- | --- | --- | --- | --- |
| 1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. 2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves right the right to require me to undergo a medical examination. 3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a standard or enhanced (as appropriate) disclosure. I also agree that the company may apply to my previous employers for references. I understand that should I fail to do so, or should the disclosure or reference not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated. 4. As part of the recruitment procedure, we may collect and store sensitive personal data about you. We are required by law to obtain your consent to such data being recorded. It is our policy to store data relating to recruitment procedures for a minimum of 12 months after the date, on which it is submitted, for internal auditing purposes. Any information of this nature will be treated confidentially. Sensitive personal data is defined as information relating to any of the following: racial or ethnic origin; political opinions; religious beliefs; trade union membership; health; sexuality or sex life; offences and/or convictions. For the purposes of the Act the Data Controller is Joyce Greaves of Knowsley Disability Concern acting as my agent. I acknowledge that by signing this form I give my consent to sensitive personal information being recorded and stored.  |  |  |  |  | | --- | --- | --- | --- | | **Signed:** |  | **Date:** |  | | **Print name:** |  | |
| **If you have a disability please tell me about any adjustments I may need to make to assist you at interview:** |
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| **Please tell me if there are any dates when you will not be available for interview:** |
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