

Unit 201
Tower Mill
Kirkstile
HAWICK
TD9 0AE

Streets Ahead →

Please complete all 5 pages in black ink

Post Applied For: Care Assistant

Full Name:

Address:
.....
.....

Post Code: **Tel No:**

Mobile No:

Full Driving Licence: * YES / NO

Endorsements: * YES / NO (* Please delete where applicable)

If YES, please give further details including dates:

.....

How did you hear about vacancy :

Please indicate how many hours per week you are interested in working:

16: ... 25: ... 33: ...

Please complete the table below to reflect your availability for work:

	MON	TUES	WED	THURS	FRI	SAT	SUN
DAY TIME							
NIGHTS							

Education & Qualifications

School / College Attended with Dates

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

Qualifications Obtained

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

Scottish Social Services Council Registration Number
Other Professional Body Number (e.g. NMC, GTC)

It is a criminal offence for barred individuals to apply to work with children or vulnerable adults in Regulated Work. Are you a PVG (Protecting Vulnerable Groups) Scheme Member?
Yes / No

If YES please give your PVG Scheme Membership Number

Sources of Reference: Please give names, designations and addresses of 2 people who are prepared to give you a reference, one of whom should be your present employer. We will accept one character reference. Please state if you do not wish us to contact your current employer at this point of the selection process.

These references need to be available on the day of interview

1..... 2.....
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Details of Present Post

Name and address of current employer:

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

Post Held:.....

Date Appointed:.....

Period of Notice Required:.....

Please list your previous employment below:

Post Held	Dates	Name of Employer	Reason for Leaving

Other Information

Interests and Leisure Pursuits

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

If offered employment, you will be required to complete a Medical Questionnaire. Are you prepared to undergo a medical examination before starting employment?

Yes / No

Do You Need a Work Permit To Take Up Employment in the UK:

.....

Rehabilitation of Offenders

Have you any convictions, including both spent and unspent convictions under the Rehabilitation of Offenders Act 1974? (A copy of the Company's Equal Opportunity Policy and Disclosure Information Policy is available on request. These reflect the Disclosure Scotland Codes of Practice

Yes / No

If YES, please give full details:

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

Declaration

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998. I undertake to notify the Company immediately of any changes to the above details.

Given the nature of the job for which I have applied. I understand that any offer of employment will be subject to receipt of a satisfactory PVG Scheme Record or Scheme Record Update from Disclosure Scotland. I have been given a copy of the Company's Equal Opportunity Policy, which includes information relating to the recruitment of ex-offenders.

Signed:

PRINTED:

Date: