



If you wish to submit your application in a different format, please contact our Offices to discuss how your application may be submitted.

Please use black ink (if you prefer to download and submit hard copy)

CVs will not be accepted as substitution for the Application Form.

Post Applied For: **CARER/SUPPORT WORKER**

Family Name: Given Names:

Date of Birth:

Gender: Male ☐ Female ☐ Other (specify) Prefers not to say ☐

Address:

National Insurance Number:

Home Tel Number: Mobile:

Email:

Are you a student? Yes ☐ No ☐

Do you have a driving licence? Yes ☐ No ☐

(You will be required to supply valid evidence)

If Yes, please state if 'clean' or number of points?

Do you own a car that you are willing to use for work purposes? Yes ☐ No ☐

Are you eligible to take up work in the UK? Yes ☐ No ☐

(You will be required to supply valid evidence)

How many hours are you looking to work per week?

Are you registered with Scottish Social Services Council (SSSC)?

If yes, registration No:

Are you registered with NMC?

If Yes, registration number:

This job requires you to be registered with the PVG Scheme.

Are you a member of the PVG scheme? Yes ☐ No ☐

If yes what's your Membership Number:

Any other Registered Bodies? Registration Number:

Medical:

Please state no of days taken as sick leave in the last 2 years. Please state any medical condition which might prevent you from fulfilling the job description.

We may wish to contact your doctor for a medical Report.

Do you agree to this? Yes ☐ No ☐

Please supply your doctor's name and full address:

Previous Employment

All your employment / unemployment since leaving school.

Tell us about where you have worked (including any voluntary work), and why you left one job for another.

Current or most recent employment

Employer:

Employed as:

Address:

Dates of Employment:

Duties & responsibilities

Reason for leaving (If applicable)

Previous Employment:

Employer:

Employed as:

Address:

Dates of Employment:

Duties & Responsibilities

Previous Employment

Employer:

Employed as:

Address:

Dates of Employment:
Duties & Responsibilities

If not enough space to use last sheet provided.

Qualifications

Please give details:

Qualification
e.g SVQ Level 2

Course Details
e.g Social Care

Training and Development

Please give details of any training and development courses or non-qualification courses which support your application. Include any on the job training as well as formal courses.

e.g Manual Handling

16/01/15

By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendments) Order 1986, the provision of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to the employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Your answer to the following questions should include any 'spent' convictions. This information will be treated in the strictest confidence and may or may not affect your application.

Do you have any convictions that are unspent under the rehabilitation of offenders act 1974?

Yes ☐ No ☐

If yes, please give details/ dates of offence(s) and sentence:

Disability and Discrimination Act

This Act protects people with disabilities from unlawful discrimination. The disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? Yes ☐ No ☐

Details of Disability

Personal Statement

Please use this section to tell us about yourself i.e. experience, values, skills and qualities. What you tell us here will be used for interview short-listing and match for roles.

Please use additional pages if necessary

References:

We require you to give us **2 referees**. One should be a **senior member of staff** from your current or previous employer. You **cannot** use **family members, friends, or members of Chrystal Kay Healthcare Ltd staff**. We will contact your referees once you have completed and been successful in the interview process.

EMPLOYMENT REFERENCE

FIRST REFEREE

Name:

Organisation:

Position:

Address:

Postcode:

Tel No.

E-mail address:

SECOND REFEREE

Name:

Organisation

Position:

Address:

Postcode:

Tel No.

E-mail Address:

I declare that the information given is correct to the best of my knowledge and note that deliberate falsification could jeopardise any position offered to me. I acknowledge that in submitting this Application Form and Equal Opportunities Monitoring Form, I agree to my personal and sensitive data being held on computerised and written record and shared with any legal or statutory body that require sight of same under Compliance obligations.

How did you hear about us ?

Signature:

Date:

FOR OFFICE USE ONLY

All Documents checked and copied.



Application questions completed and checked.



References received.



Bank details form done.



PVG application done.



Signature:

Date:

Signature:

Date:

OFFICE CONTACT DETAILS:



21/7 Macgill Drive
Edinburgh, Scotland
EH4 4FD



0752 539 4694



manager@chrystalkayhc.co.uk



chrystalkayhc.co.uk

Additional Sheet

