

Next Step Services (SW) LTD 196 Southampton Street Reading RG1 2RD

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Next Step	Services	(SW) I to	A dol b	pplication	Form

Closing Date:	Interview Date:
Please complete this form closing date will not nor	m fully using black ink or type. C.V.s are not accepted. Applications received after the mally be considered.
THE INFORMAT	ION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.
Section 1	Personal details
Last Name:	First Name:
Address:	
Postcode:	
Home Telephone $N^{\underline{o}}$:	National Insurance N ^o : Letters Numbers Letter
Daytime Telephone $N^{\underline{o}}$:	
Mobile Telephone $N^{\underline{o}}$:	
E-mail address:	
Can we contact you at w	ork? Yes No No
Are you free to remain a UK with no current imm	and take up employment in the Yes \square No \square
<u>Driving License</u> – if rele Do you hold a full, clean UK?	evant to post applied for. In driving license valid in the Yes No No
If you are successful y appointment.	ou will be required to provide relevant evidence of the above details prior to your
Section 2	Present Employment
Present Employment (I	If now unemployed give details of last employer)
Name of Employer:	

Address:	
Postcode:	
Post Title:	
Date of Appointmen	t: Salary:
Department / Section	n:
Brief description of d	uties:
Continue on a se	parate sheet if necessary
Period of Notice:	Last day of service
	(if no longer employed):
Reason for leaving (if no longer employ	red):

Previous Employment if not public sector	nt (most recent employer first). Please cover the last 10 years and state nature of business
Name of Employer:	
Address:	
	Postcode
Position Held:	
immary of duties:	
Reason for leaving:	
Name of Employer:	
Address:	
_	Postcode
Position Held:	
ımmary of duties:	
Reason for leaving:	
Name of Employer:	
Address:	
_	Postcode
Position Held:	
ımmary of duties:	

Previous Employment

Section 3

Sectio	n 1	 =_	li iz	cati	on	
secuo	n 4	Ξ0	lu	call	on	

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained
Onlynd	Out to the	
School	Subjects	Qualifications and grades obtained
Continue on a separate she	eet if necessary	

Professional, Technical or Management Qualifications

Please give details:

Professional/Technical/ Management Qualifications	Course Details
Membership of any Professional / Te	chnical Associations- Please state level of Membership:

Continue on a separate sheet if necessary

Section 5 Training and Development

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

Title of Training Programme or Course	Duration of Course

Section 6 Personal Statement Abilities, skills, knowledge and experience. Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Section 7 Rehabilitation of Offenders Act (1974)
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:
Section 8 Protecting Children and Vulnerable Adults
The following information may be required if the post you are applying for has a requirement for a Criminal Records Bureau police check.
Enhanced Checks Only (refer to Job Application Pack) Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? Yes No
Section 9 Disability Discrimination Act
This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. 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
If yes, please give details:
We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.
Do we need to make any specific arrangements in order for you to attend the interview? Yes \square No \square
If yes, please give details:

Section 10	Health		
Number of days	sickness absence in the last 2 years:		
Please state num	ber of occasions in the last 2 years:		
Section 11	References		
	ames and addresses of your two most a youtline who your references are.	recent employers (if a	applicable). If you are unable to do
	Reference 1		Reference 2
Name:		Name:	
Position (job title):		Position (job title):	
Work Relationship:		Work Relationship:	
Organisation:		Organisation:	
Address:		Address:	

Postcode

Yes

No 🗌

Telephone $N^{\underline{o}}$:

Are you willing for this referee to be approached

prior to the interview?

E-mail:

No 🗌

Postcode

Yes

Telephone Nº:

Are you willing for this referee to be approached

prior to the interview?

E-mail:

Section 12 Recruitment Monitoring Form

•	m your application form upon receipt and does not form part of t ne Human Resources purely for monitoring purposes.	he selection
Application for the post of:	Care Worker	

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM.

What is your Ethnic Group?

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A. W	/hite White UK	D.	Diagle on Diagle Duitinh	
	White UK		Black or Black British	
	77 mile 612		Black Caribbean	
	Irish		Black African	
	White non-UK		Any other Black background (please give details):	
	Any other White background (please give details):		(preuse grive details).	
B.	Mixed	Е.	Chinese or other ethnic group	
	White & Black Caribbean		Chinese	
	White & Black African		Vietnamese	
	White & Asian		Any other ethnic background (please give details):	
	Any other Mixed background (please give details):		(preuse give details).	
C.	Asian or Asian British	F. info	I do not wish to provide this rmation	
	Indian			
	Pakistani			
	Bangladeshi			
	Any other Asian background (please give details):			

Section 12 Recruitment Monitoring Form continued

Gen	der							
	Male		Female					
Di	isability							
			cal or mental impair normal day to day a			substantial a	nd long term	adverse effect on
Do you consider yourself disabled?			f Yes		No []		
_lf y	yes, please giv	e details:						
Pres	ent Status							
	Internal A	applicant [Exte	ernal App	licant [
Age	Group							
	16-25		26-35			36-45		
	46-55		56-65			66-70		
	Over 70							
Med	lia							
	Please state	e where you	saw this post adve	ertised				

Section 13 Declaration

B. Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.

Signed:	Date:	

Thank you for your interest in this post. If you would like to know if we have received your application form please enclose a stamped addressed envelope.

If you are returning this form by email, you will be asked to sign your application at interview.

RETURNING THIS FORM By E-mail info@nextstepservices.org.uk