

CCK SUPPORT APPLICATION FORM

PRIVATE AND CONFIDENTIAL

Please return this form once completed to:

CCK Support Limited, Building 1, 10 Wealden Forest Park, Herne Common, Herne Bay, Kent CT6 7LQ
or email to: info@ccksupport.co.uk - Our phone number is: 01227 668 041

Position Applied For			
Surname			
Forename(s)			
Title(s)			
Address			
		Postcode	
Home Phone Number			
Mobile Number			
Email Address			
National Insurance Number			
Full Driving Licence	= Yes or No		
Can you drive	= Yes or No		
Do you have transport of your own?	= Yes or No		
Which geographical areas could you work in and travel to?			
Applying for	= Full Time / Part Time / Bank Staff		
Number of hours required			
Please put the times on the days that you can work between 8am-10pm			
Monday	Times:		
Tuesday	Times:		
Wednesday	Times:		
Thursday	Times:		
Friday	Times:		
Saturday	Times:		
Sunday	Times:		
How did you hear of CCK Support Limited?			
Do you have any holidays booked?	= Yes or No		
If yes, please give dates			

EDUCATION HISTORY

What Schools did you attend and what qualifications were gained:

What Colleges or Universities did you attend and what qualifications were gained:

What other qualifications have you gained:

Are you a member of a professional body? = Yes or No

Notice required in current job	
Possible start date	

EMPLOYMENT HISTORY

Please complete in full and leaving no gaps, give a running account of your employment history, starting with your most recent employment. Please give reasons for any gaps in employment.

FROM - TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	START/FINISH SALARY	REASON FOR LEAVING

OTHER EMPLOYMENT

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

REFERENCES

Please note here the names and addresses of two persons from whom the company may obtain both character and work experience references.

CHARACTER REFERENCE		
Name		
Relationship		
Address		
		Postcode
Phone Number		
May we approach the above prior to interview?	= Yes or No	

WORK REFERENCE		
Name		
Relationship		
Address		
		Postcode
Phone Number		
May we approach the above prior to interview?	= Yes or No	

GENERAL COMMENTS	
Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post.	
Would you be happy working alone?	= Yes or No
Have you any experience working with any of the following?	
Learning difficulties	= Yes or No
Physical disability	= Yes or No
Mental Health	= Yes or No
Sensory impairment	= Yes or No
Drug/Alcohol Abuse	= Yes or No
Elderly Care	= Yes or No
Please state other not mentioned above:	
What are your main leisure activities?	

CAUTIONS, REHABILITATION AND CRIMINAL RECORDS

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.

CCK Support are required to submit to a Criminal Records Bureau check/provide a PVG Scheme Record or Scheme Record Update. Any standard or enhanced disclosure made by the DBS/Disclosure Scotland will remain strictly confidential.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? **Yes or No =**

If YES, please give details here:

SPECIAL REQUIREMENTS

Because this position involves the care of vulnerable adults employment is dependent on the following:

1. Your written consent to obtaining an enhanced disclosure certificate from the Disclosure and Barring Service or an approved umbrella body or provision of a PVG Scheme Record/Scheme Record Update.
2. Such disclosure being acceptable to us.
3. Proof of identity – birth or marriage certificate (where appropriate) and passport (if available).
4. Two satisfactory written references.
5. That you will supply a photograph of yourself for retention in your records.
6. Evidence of physical or mental suitability for your work.

DECLARATION (Please read this carefully before signing this application)

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 organization reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Disclosure Scotland Criminal Records Office for an enhanced disclosure. I understand that should I fail to do so, or should the disclosure/PVG Scheme Record or Scheme Record Update not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signature (Type Name)	
Date	