



# JOB APPLICATION FORM

**1 POSITION APPLIED FOR : SUPPORT WORKER**

Please indicate preferred work location

Community Home Support  
Independent Living Houses  
Day Clubs


**2 PERSONAL DETAILS**

Name: Mr/Mrs/Miss etc

Address:

  


Post Code

	Home Tel	
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Mobile Tel

National Insurance Number  
(required in all cases)

Do you hold a current full driving license?

YES/NO

Please give details of any penalty points

Do you have a car which could be available for work?

YES/NO

**3 EDUCATION AND QUALIFICATIONS (We will require to see original certificates to verify qualifications)**

School/Institution	Subject	Qualifications, including grade, diploma or degree	Date Obtained

**4 MEMBERSHIP OF PROFESSIONAL BODIES, IE UKCC, BASW ETC.**

Name of Body	Qualification	Registration/ Membership No	Date Obtained

**5 DETAILS OF TRAINING COURSES RELATED TO THE JOB YOU ARE APPLYING FOR**

Organising Body	Course Title/Subject	Duration	Date attended

**6 EMPLOYMENT HISTORY****(i) Present or most recent employer**

Name of organisation:

Address:

Nature of Business ..... Position Held: .....

Salary : ..... Date commenced: ..... Date left (if applicable) .....

Period of notice required: ..... Reason for leaving: .....

**(ii) Previous Employment - most recent first (please continue on a separate sheet if necessary)**

Employers name and address	Dates worked (Month/Year)		Position Held	Reason for Leaving
	From	To		

**(iii) Gaps in Employment**

Please explain any gaps in employment:

**7 SKILLS, KNOWLEDGE AND EXPERIENCE**

Please relate this section to the person specification requirements for this post

*(Please continue on a separate sheet if necessary)*

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**8 HEALTH - successful candidates will be required to complete a medical questionnaire**

How many days sickness in the last 2 years?		On how many occasions?	

**9 REFERENCES ( to be verified in accordance with the Care Standards Act)**

Please give the name and business address of 2 people who know you in an employment capacity eg as your Line Manager/Supervisor etc, ONE should be your present or most recent employer. If employment was for less than 6 months, please give details of another employer.

Please ensure you complete the details of the referees IN FULL

**Referee 1**

Name : Mr/Mrs/Miss etc

Address :

Post Code  Tel

Job Title

**Referee 2**

Name : Mr/Mrs/Miss etc

Address :

Post Code  Tel

Job Title

May we contact your referees if you are invited for interview?  YES  NO

Please state where you learned about this vacancy

**10 DECLARATION**

Please sign/date the declaration after you have completed all parts of the Application Form.  
 I certify that to the best of my knowledge all the information I have given is correct.  
 I understand that giving false information may disqualify me from being considered for the post, or in the event of appointment, may lead to dismissal

Signed: ..... Date: .....

Please return the completed Application Form etc to:

**DEMENTIA CARE PARTNERSHIP**  
 The Bradbury Centre, Darrell Street  
 Brunswick Village  
 Newcastle on Tyne  
 NE13 7DS