



APPLICATION FORM

Post Applied For	Support Worker	Full / Part time / Bank
Full name		TITLE:
Known as		
Former Names (if applicable)		
Current address		
HOME telephone number		
WORK telephone number		
MOBILE number		
E-MAIL address		
How long have you lived at your current address?		
Do you hold a full current driving licence?		
Do you have daily access to a car?		

WORK EXPERIENCE (paid and unpaid – please use separate sheet if necessary)
Provide full employment history including dates

Dates from and to

Summary of job profile and company details

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Notice Period from
current role

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Please write about yourself including your values and beliefs and why you have applied to work with Egalite Care Ltd supporting vulnerable adults
(use separate sheet if necessary)

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REFERENCES	
Employment Reference: Please provide details of the name and full postal address of your current or most recent employer:	
Previous Employer's Reference: Please state name and full postal address of your last employer (the one before your current or most recent).	
PERSONAL REFEREES Please give details of <u>two</u> people who you have known for more than 2 years. Please state their name and address, also how long they have known you and what capacity. Please note relatives and partners cannot act as personal referees	

TELL US MORE ABOUT YOU (use separate sheet if necessary)	
What are your hobbies and interests; and what activities do you undertake that are relevant to the role that you are applying for?	
Why do you want to become a Support Worker?	
What personal skills and qualities do you have to offer?	

TRAINING COURSES

Please list any relevant training courses you have completed below. Use separate sheet if necessary. You will need to provide certificates at interview.

DATE	TRAINING COURSE	ORGANISER	COMMENTS

CONSENT FOR TRAINING

Support Workers approved by the Egalité Care Ltd will be expected to attend and complete training to comply with current legislation.

Do you agree to attend events? Yes / No

DECLARATIONS, CONSENT AND AGREEMENTS	
Do you have any criminal convictions (even those that are deemed to be spent)? Please give details – use a separate sheet and sealed envelope if preferred.	Yes / No
Do you have any conflicts of interest relevant to your application?	Yes / No
Do you consider yourself to have a disability?	Yes / No
Please tell us if there are any 'reasonable adjustments' we can make to assist you in your application or with our recruitment process	
Do you consent for detailed checks and references to be taken up to support your application to become a Support Worker? Please understand that these checks could involve information about you of a confidential, medical and personal nature.	Yes / No
Do you consent for information about you to be kept by the Egalité Care Ltd both in paper and on a computer database? The Data Protection Act applies	Yes / No
Do you consent to information about you being passed by Egalité Care Ltd to the regulatory body as required?	Yes / No
Are you eligible to work in the UK? If yes please give your National Insurance number here:-	Yes / No

Name of applicant	
Signature of applicant	
Date	

**Please return this form to:
Egalité Care Ltd, 25 Liverpool Road, Worthing, West Sussex, BN11 1SU**

EQUALITY AND DIVERSITY MONITORING FORM

Recruitment and selection procedures have been adopted by Egalité which aim to avoid any unfair discrimination toward candidates when considering applications for employment. To help us monitor the Diversity and Equality Policy and the effectiveness of our recruitment practices, we ask you to complete our Diversity and Monitoring form which is attached to our application form – the provision of this information is optional. The information you provide will be treated as confidential and will not form part of the selection process.

Name	
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Please tick where appropriate

Age	24 or under <input type="checkbox"/>	25-34 <input type="checkbox"/>	35-44 <input type="checkbox"/>	45-54 <input type="checkbox"/>	55-64 <input type="checkbox"/>	65+ <input type="checkbox"/>
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>				

I would describe my marital status as:

Single	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>
Married	<input type="checkbox"/>	Attached	<input type="checkbox"/>				

I would describe my sexual orientation as:

Lesbian	<input type="checkbox"/>	Gay man	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>
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I would identify myself most with this ethnic group

Please tick one from this column	Please also tick one from this column
British <input type="checkbox"/>	Asian <input type="checkbox"/>
English <input type="checkbox"/>	Black <input type="checkbox"/>
Irish <input type="checkbox"/>	Chinese <input type="checkbox"/>
Scottish <input type="checkbox"/>	White <input type="checkbox"/>
Welsh <input type="checkbox"/>	Mixed ethnic background <input type="checkbox"/>
Other (please specify if you wish) <input type="checkbox"/>	(please specify if you wish)
	Other (please specify if you wish) <input type="checkbox"/>

Please return this form to:
EGALITE CARE LTD, 25 Liverpool Road, WORTHING BN11 1SU