

Application Form

To be completed in typed form or in your own handwriting in black ink Bold bordered sections are mandatory fields

Refer carefully to the job description and person specification. If the space provided is insufficient please continue on a separate sheet.

Application Instructions

Once you have completed your application form, please email it to <u>recruitment@creativesupport.co.uk</u>. If you require any advice on completing your application form, please call us on 0161 236 0829.

Where did you first find this vacancy? (If in publication, please state which one. If from current employe of Creative Support, please state name) Preferred Client Group and Hours: Mental Health Learning Disabilities Other Full Time Part Time Older People No Preference Office Part Time Have you a current in-date DBS Yes No Is it registered for the DBS update service? (£13 per year subscription) Have you previously applied for a post with Creative Support? Yes No (If Yes, please specify): Personal Details Title: Forename(s) or other names Address	Post Applied for:	Vacancy Reference No:				
Preferred Client Group and Hours: Older People	(If in publication, please state which one. If from current employee of					
Certificate? Yes	Preferred Client Group and Hours:		-			
with Creative Support? Are you over 18 Years Old Personal Details Forename(s) or other names Surname If Yes Into (if Yes, please specify): If Yes Into (if Yes, please s		□ Yes □ No	update service? (£1		□ Yes	□ No
Personal Details Forename(s) or other names Surname		□ Yes □ No	☐ Yes ☐ No (If Yes, please specify):			
Forename(s) or other names Surname	Are you over 18 Years Old	□ Yes □ No				
Forename(s) or other names Surname						
Surname	Personal Details	Title:				
	Forename(s) or other names					
Address	Surname					
Address						
Addiess	Addross					
	Address					
Postcode:				Postcode:		
Telephone Work:	Telenhone	Home:		Work:		
Mobile:	Тетерпопе	Mobile:				
Email Address	Email Address					
Car Driver: ☐ Yes ☐ No Car Owner: ☐ Yes ☐ No	Car Driver: ☐ Yes ☐ No		Car Owner: ☐ Yes	□ No		
Do you have any endorsements on your licence? (if so please outline why) ☐ Yes ☐ No			□ Yes □ No			

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All employees are subject to enhanced DBS checks			Version 9.3 – Draft	2019	

Number of Weeks Notice Required: Authorised by: Anna Lunts Date First Authorised: June 2019 Page Number: 2					
Reason For Leaving Please state reason for leaving and c	onfirm current emplo	yment status:			
Dancer Ford with the					
Outline of Duties and Responsi	bilities:				
			Self Employed		
			Employed		
including Post Code and Telephone Number	Employed	Salary	Employed/Self Employed		
Employer Name, Address	This includes any ro Date(s)	ples prior to moving to the Uk Position(s) Held and	,		
Employment History		cent employment (paid or			
			t checks to authenticate it.		
any restrictions on the hours you are and the expiry date of the permission	e permitted to work	confirms that you are per	of the documentation which mitted to work in the UK at the y need to take a copy of the		
If you can provide proof of permiss state the nature of your permission		Expiry Date:			
If you cannot provide proof of peri the UK we cannot accept your app unable to work legally in the UK.		Hours permitted to work:			
proof of permission to work in the UK		Describe the type of permission to work in the UK:			
If you are not a UK or EU/EEA nation		☐ Yes ☐ No			
Are you a UK or EU/EEA national? (If so you will need to provide proof of this at your interview)		□ Yes □ No			

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Previous Employm	ent	Please list in chronological order with your most recent post listed first including temporary, casual and short term jobs (Please give your full employment history since leaving school. If you require extra space please attach an additional sheet)				
Employer Name, Ad	ddress including	Date(s)	Position(s) held	and	on for looving	
Post Code and Tele		employed	salary	Reaso	on for leaving	
Outline of Duties ar	nd Responsibilitie	es				
Employer Name, Ad Post Code and Tele		Date(s) employed	Position(s) held salary	and Reaso	on for leaving	
rost code and rele	phone Number	employeu	Salary			
Outline of Duties ar	nd Responsibilitie	es				
Employer Name, Ad Post Code and Tele		Date(s) employed	Position(s) held salary	and Reaso	on for leaving	
Outline of Duties ar	nd Responsibilitie	es				
Employer Name, Ac Post Code and Tele		Date(s) employed	Position(s) held salary	and Reaso	on for leaving	
Outline of Duties ar	nd Responsibilitie	es		'		
		Please give detail	s of all periods wi	hen not in em	plovment.	
Gaps in Employme	nt	giving dates and	reasons		, ,	
Dates from:		To:	Reason:			
Dates from:		To:	Reason:			
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Have you ever been dismissed from a p including redundancy? If so please give	revious post or had an employment contract terminated for any reason edetails below:
Have you been subject to disciplinary subject of any disciplinary process not	action in your current or any previous posts? (including being the yet concluded to resignation) If yes, please give details:
Voluntary Work Experience	
Give details of any voluntary or unpaid experience inc	cluding care of others
Language Skills List all languages spoken fluently and those in which	you have a good working knowledge
List air ranguages spoken nachuy and those in which	you have a good working knowledge
Please tell us why you are applying for	If in current employment, please explain why you are looking for a new
this post and why you want to work for Creative Support	post:
Do you have any restrictions in your	T
Do you have any restrictions in your working hours or availability?	
Please note our requirements in respect of working hours as detailed within the	
Job Description	

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General Education			Qualifications Achieved		
School/College	From	То	Subject/courses studied, level and grade (eg, GCSE, 'A' Level, GNVQ etc)		
			(og, GOOE, 71 Eevel, GIVV & Clo)		
Further and Higher Education		T	Qualifications Achieved		
College/University	From	То	Subject/courses studied, level and grade (eg, BA History 2:1)		
Professional Training			Qualifications Achieved		
College // Imirroreitry		Т-	Subject/courses studied, level and grade (e.g., BA Social		
College/University	From	То	Work/DipSW 2:1)		
Professional Membership of Re	gistered Bodi	es	Registration No/Renewal Date		
Name of Professional Body and	Date		Nurses, please give PIN No.		
Level of Membership			Social Workers please give GSCC Registration No		
NVQs and other work related qu	alifications		Qualifications Achieved		
College/Training Provider	From	То	Awarding body, level and grade if applicable (eg, Edexcel NVQ 4 Pass)		
			Euexcei NVQ 4 Pass)		
Otherwood					
Other vocational and work relat	I		Lovel (if appropriate)		
List subjects, e.g., First Aid	Duration (e.g	., i uay)	Level (if appropriate)		

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Additional Comparting Information	What experience have you gained in your current and previous jobs
Additional Supporting Information	and general life experience, which you feel would be relevant to the job you are applying for?
	The job description and person specification outline the values, skills,
	abilities, knowledge and personal qualities required for this post and the organisation. Continue on a separate sheet if necessary. If you wish to
	attach a CV or other information please do so.
	•

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References		d addresses of two professional referees who have agreed to sential that one of your referees must be your current or
	most recent employer* and	I that your referee is/was your line manager and not a not. Both references cannot be from the same company.
	References will be verified to e	ensure authenticity.
	Failure to provide the above can result in your application being withdrawn. *If previously self-employed, please provide two professional referees and detailed information regarding your self-employment	
Current/Most recent employer details	Company	
(Business Addresses	Referee Name	
Only)	Position	
	1	
	Address	
		Post Code:
	Tel	
	Fax	
	Email	
I consent that my referee may provide full relevant employment details to Creative Support:		SIGNED:
Previous employer (if not applicable an academic referee)	Company	
(Business Addresses	Referee Name	
Only)	Position	
	!	
	Address	
		Post Code:
	Tel	
	Fax	
	Email	
I consent that my referee may provide full relevant employment details to Creative Support:		SIGNED:
Unless indicated otherwise all referees will be contacted following your notification of success at Individual Interview		
Have you ever been convicted of any criminal offence? YES NO		
Please note that all positions are subject to an enhanced DBS check. You will be asked to declare all criminal convictions in further details if an offer of employment is made.		
DATA PROTECTION ACT In accordance with the Act, you should be aware that the personal details submitted with this application form will be used only for selection and interview procedures; and for employment records if the application is successful.		
used only for selection	rana interview procedures, and	1 7
DECLARATION I declare that, to the understand that shoul	best of my knowledge and be	elief, all statements contained in this form are correct and I will, if engaged, be liable to the termination of my contract of
DECLARATION I declare that, to the understand that shoul service with such notice	best of my knowledge and be	elief, all statements contained in this form are correct and I will, if engaged, be liable to the termination of my contract of