

INDEPENDENT LIVING SCHEME

APPLICATION FORM FOR THE POST OF PERSONAL ASSISTANT / SUPPORT WORKER

(Applicants who complete and email this form back promptly are more likely to be interviewed)

PERSONAL DETAILS

Surname:

First name/s:

Age:

Date of Birth:

Gender (male/female):

Current address:

Home address (if different):

Email address:

Telephone number(s):

When are you available for interview?

When would you be able to start:

How much notice do you have to give?

Have you already resigned?

Would you want to work full-time or part-time?

Would you want to live in the flat provided?

How many months would you initially like to work for?

Would you like to be considered for short term cover paid on a daily rate of £200+ per day?

If so, which days of the week are you available?

EDUCATION & TRAINING

Dates	Education Establishments & Addresses	Courses taken & qualifications obtained

EMPLOYMENT

Please give details in chronological order (starting with the last first).

Dates	Employers & Addresses	Details of Job & Responsibilities	Reason for Leaving
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ADDITIONAL FACTORS

Please tell us a) why you have applied for the position, b) what you hope to gain from this, c) why the experience and training provided could help your intended future career and d) why you think we should interview you.

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Please give details of any additional knowledge, skills or experience you may have relevant to the post i.e. Volunteer Work, Driving License.

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HEALTH

The role of a Personal Assistant can be quite demanding at times. It is essential that applicants consider whether their own health may affect their capacity to provide appropriate support to the people they will be working with. The following questions may assist you with this process.

Are you currently in good health? (YES/NO):

Have you ever suffered from or are you currently suffering from any of the following?

Loss of hearing (YES/NO):

A bad back or ever had any difficulty lifting or bending (YES/NO):

Any form of allergy (YES/NO):

Any other physical or sensory impairment or medical condition that you consider may affect your ability to perform the role of a Personal Assistant (YES/NO):

If you answered YES to any questions or were in any doubt, please provide further details:

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INTERESTS

What are your main interests, hobbies and leisure activities? (If you only work 7 days out of 14, what do you think you would like to do on your days off? Have you friends or family in the area?)

ADDITIONAL PERSONAL INFORMATION

Have you any special dietary needs, (e.g. vegetarian, diabetic):

Would you be prepared to handle meat?

Have you ever been in trouble with the Police or ever had any criminal convictions, bind-overs, orders or cautions:

If YES, please give full details on a separate sheet. Please note that due to 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 the Offenders Act 1974 (Exceptions Order 1975). Applicants are not, therefore, entitled to withhold information about convictions which, for other purposes, are spent under the provisions of the Act. Police checks will be carried out on all Personal Assistants and any information given will be completely confidential.

Do you have a full, English driving license?

Do you smoke?

REFERENCES

Please give the names, addresses, email addresses and telephone numbers of 2 referees that we can contact for a reference. (These must not be partners or other family members and one should ideally be your most recent employer or tutor)

1. Name:

Address:

Email:

Tel number:

Relationship:

2. Name:

Address:

Email:

Tel number:

Relationship:

May we approach referees prior to interview?

Reference 1. YES /NO:

Reference 2. YES /NO:

DECLARATIONS

1. I hereby declare that the information given in this form is, to the best of my knowledge, correct and it gives an accurate representation of my personal details, my Police record, my qualifications and my employment history.

2. I agree that, if it is found that I have knowingly breached the declaration in paragraph 1, I will be subject to immediate dismissal without compensation.

Signature:

Date:

(Please note that if you send the form electronically you will be asked to sign and date it if you are invited for interview.)

When you have completed your form please email it with '**Independent Living Scheme**' in the subject box to:

ilscroydon@yahoo.co.uk and simon.walls@hotmail.co.uk

Interviews will be arranged when application forms are received so please return your form back as soon as possible. If you require further information, please do not hesitate to call Simon on 07761953604 - we look forward to hearing from you.