



**APPLICATION FOR THE POST OF  
Community Support Worker**

**PERSONAL INFORMATION**

**Surname** \_\_\_\_\_ **Initials** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_  
**Postcode** \_\_\_\_\_  
**Telephone Number** \_\_\_\_\_ (day) \_\_\_\_\_ (evening)

**EDUCATION AND TRAINING**

Place of Study & Dates	Subjects studied	Qualifications attained

**Professional Qualifications/Memberships**

**Please give date(s) attained. (Proof of qualifications may be requested if appointed).  
Please include memberships of any voluntary or other organisations.**



## WHY ARE YOU APPLYING FOR THIS POST?

**Please use this space to explain how you meet the requirements of this post and state why you are applying for this vacancy referring to any knowledge, skills, experience or other factors that you consider relevant to this position. You should demonstrate in this section how you meet the essential and desirable criteria outlined in the Person Specification.**

**If you require more space, please tick this box and use a separate piece of paper**

**HEALTH STATEMENT**

**Have you been absent from work due to sickness over the last two years? YES/NO**

**If yes please state:**

- i. On how many occasions have you been absent? \_\_\_\_\_**
- ii. The number of days absent on each occasion? \_\_\_\_\_**
- iii. The reason for the absence on each occasion? \_\_\_\_\_**

**NB: Successful candidates may be required to complete a Health Questionnaire (for insurance purposes) and to undertake a medical examination by their own Doctor (at the Company's expense).**

**DRIVING**

**Do you hold a full current driving licence? YES/NO**

**Do you have the use of a car for work if required? YES/NO**

**Please give details of any endorsements and any pending prosecutions:**

**ASYLUM AND IMMIGRATION ACT 1996**

**You will be required to produce your passport and/or other proof of your entitlement to work in the UK should you be invited for an interview. Only original documents (not copies are acceptable)**

**National Insurance Number .....**

**CRIMINAL CONVICTIONS**

Applicants for posts within Seton Care are exempt from the rehabilitation of offenders Act 1974. You are required to declare prosecutions or convictions, including those considered 'spent' under the act. Failure to disclose this information could result in dismissal.

Have you ever been convicted of a criminal offence, been bound over or cautioned or are you currently the subject of any police investigation which might lead to a conviction, an order binding you over or a caution in the UK or any other country?

**YES NO**

If YES please provide details of the criminal offence, order binding you over or caution or details of any current proceedings which might lead to a conviction, an order binding you over or a caution, including date, the offence, and the authority and country which dealt with the offence. If you would prefer you may provide these details in a sealed envelope marked private and confidential and attach to you application form.

.....  
.....

**I hereby declare that the information I have given about my criminal conviction is true.**

**Signature ..... Date .....**

**As seton care Ltd meet the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974 , all applicants who are offered employment will be subject to a Criminal records Check from the Criminal records Bureau or Disclosure Scotland before the appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions.**

## REFERENCES

Please give names and addresses of two referees, one of whom should be your present or immediate past employer. References will be taken up for shortlisted candidates only. Please tick the box provided if you would prefer us NOT to contact your referee(s) without your consent.

(1) Work

(2) Other

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Tel: \_\_\_\_\_

Please do not contact •

Please do not contact •

Where did you see this post advertised? \_\_\_\_\_

## DECLARATIONS

1. Please declare any relationship with any Seton Care Ltd Staff Member.
2. I confirm that all the information I have provided on this form is correct, to the best of my knowledge. I understand that Seton Care Limited already has my details recorded on a database, that this data will not be revealed to a third party, and that it will be deleted once the vacancy to which I have applied has been filled. I accept that the provision of false information, including by omission, is grounds for dismissal; and that either direct or indirect canvassing of Seton Care Limited's employees in connection with this post is grounds for disqualification. I understand and agree that if my application is successful the information provided may be used to create a confidential computer and manual based system the use of which complies with the Data Protection Act and if my application is not successful the information provided will be destroyed after a period not exceeding 6 months.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return your completed application form to:

Donna Murray  
Recruitment and Development Assistant  
Seton Hall  
Ord Road  
Tweedmouth  
Berwick-Upon-Tweed  
TD15 2UT

**EQUAL OPPORTUNITIES MONITORING FORM**

Seton Care Limited is committed to being an equal opportunities employer. This means the Company needs to know details of applicants' sex, ethnic origin and disabilities, so that we can ensure that our recruitment is fair and does not discriminate against any group. You can help by completing this form.

**Please note that the information provided in this monitoring form is not used in the selection process. It is used purely to monitor the effectiveness of the Company's Equal Opportunities Policy.**

Your co-operation in completing this form is appreciated.

<b>APPLICATION FOR THE POST OF</b>	
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<b>Do you consider yourself to have a disability</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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**What is your nationality?**  
(this will be recorded on your birth certificate/passport)

ETHNIC GROUPING

**Choose ONE section from A to E below, then tick the appropriate box to indicate what you consider to be your cultural background:**

**White**

Scottish  
 Other British  
 Irish  
 Any other White Background  
 Please write in

**Mixed**

Any mixed background  
 Please write in

**Asian, Asian Scottish, or other Asian British**

Indian  
 Pakistani  
 Bangladeshi  
 Chinese  
 Any other Asian Background  
 Please write in

**Black, Black Scottish or other Black British**

Caribbean  
 African  
 Any other Black Background  
 Please write in

**Other ethnic background**

Any other Background  
 Please write in

**AGE: (years)**