

Application form

Carer Support Worker's must be able to work a minimum of 14 hours per week
Please complete in black ink or type

Part A

Crossroads Care Surrey aims to promote equality of opportunity for all. We value diversity and recognise that different people bring different perspectives, ideas, knowledge and culture, and that this difference will strengthen our ability to provide the best level of service possible to our clients as we strive to deliver excellence.

All short listing will be carried out in a fair and objective manner using the criteria listed in the Person Specification to measure each applicant's suitability. Try to ensure your application form is clear, concise and well organised with examples that help to evidence your skills and experience.

Post applied for	Carer Support Worker
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1. Your Details

Title	First Names		Surname / Family Name		
Address					
Town					
County					
Postcode					
Home Telep	ohone		Mobile No		
E-Mail Add	ress		Most recen	t salary	
			£		
Do you have use of a car and a full driving licence?		Have you worked in Care before? (This is not a requirement as comprehensive training will be provided).		as comprehensive	
Yes or No			Yes or No		

Where did you see this post advertised?

Newspaper	
Job Centre	
Website	www.
Word of Mouth	
Referred by a friend (please name the individual)	
Other (please specify)	

2. References

Please give name and contact details for your previous two employers, who can provide references for you. They **must** be your last two employers. If you aren't currently in employment please provide character referee names and contact details. Crossroads Care Surrey reserves the right to contact other previous employers. We do not approach referees until after interview and we have got your permission.

Present or previous employer	
Name:	Name:
Job title:	Job title:
Organisation:	Organisation:
Address:	Address:
Telephone:	Telephone:
E mail address:	E mail address:
How is this referee known to you?	How is this referee known to you?

3. Education and Training Information

Education and qualifications

Please tell us about the school/college/university you attended, starting with the most recent.

Names of Schools / Colleges / Universities Attended since age 11	Qualifications gained or being sought, including grades
Please add new rows if more are required	

Training

Please tell us about training courses you have been on that are relevant to this application.

Course title and what did you learn?	Name of the organisation that ran the training	Date training attended
Please add new rows if more are required		

4. Your Employment / Volunteering Information

Use sections (4a) and (4b) below to tell us about your paid employment, volunteering activities and any other relevant activities. In section (4c) you should tell us about any gaps in employment so that within the three sections you have accounted for all periods of time.

We will use information below to take up at least two references (usually covering a period of the last three years). Where you have been in education during this period references will be taken up from those sources also. Please ensure that you provide full contact details. We will only take up references once an offer of employment has been made. If your work history (sections 3a and 3b) does not cover over three years please also provide a referee who will provide a character reference for you – on a separate sheet.

4a) Details of Your Current/Last Employer

Last Employers Contact I	Details		
Name of Line Manager			
Company Name			
Full Address			
Town			
County			
Post Code			
Telephone Number			
Contact email address			
Your Job title			
Weekly Hours worked			
Please provide exact date	es of your last period of e	employment	
From		То	
Notice Period			
Reasons for Leaving			
	. () () 1	• • • • •	
Outline a brief summary of	or duties and responsibil	ities	

4b) Your Previous Employment History/ Voluntary Work / Other Activities

Previous Employers Con	tact Details	
Name of Line Manager		
Company Name		
Full Address		
Town		
County		
Post Code		
Telephone Number		
Contact email address		
Your Job title		
Weekly Hours Worked		
Please provide exact date	es of your last period of en	nployment
From		То
Reasons for Leaving		
Outline a brief summary	of duties and responsibilit	ies
Previous Employers Con	tact Details	
Name of Line Manager		
Company Name		
Full Address		
Town		
County		
Post Code		
Telephone Number		
Contact email address		
Your Job title		
Weekly Hours Worked		
Please provide exact date	es of your last period of en	nployment
From		То
Reasons for Leaving		
Outline a brief summary	of duties and responsibilit	ies
	•	

	Please provide details here o	f previous	employers othe	er than those	e already given.
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Company Name			
Job Title			
Please provide exact date	es of your last period of en	nployment	
From		То	
Reasons for Leaving			
Outline a brief summary of	of duties and responsibiliti	es	
Company Name			
Job Title			
Please provide exact date	es of your last period of en	nployment	
From		То	
Reasons for Leaving			
Outline a brief summary of	of duties and responsibiliti	es	
	Γ		
Company Name			
Job Title			
Please provide exact date	es of your last period of en	nployment	
From		То	
Reasons for Leaving			
Outline a brief summary of	of duties and responsibiliti	es	

4c) Gaps in Paid Employment / Voluntary Work

If your Employment/Voluntary Work has any gaps, clearly identify the dates and provide information that clarifies the situation e.g. unemployed, travelling, parenting years etc.

Date From	Date To	Explanation

If you need more space please continue on a separate sheet of paper.

Supporting Statement

Information in support of your application

Outline below how your skills and experience meet each of the criteria in the person specification. Try to choose examples from your past experience that clearly demonstrate what we are looking for, be precise about what you did, how you did it and the outcome or result of your actions.

Stating "I understand the needs of Carers", or "I am committed to safeguarding" is not enough information as it does not indicate any skill or knowledge of the subject.

Wherever possible provide recent work examples, but do remember that relevant examples from other aspects of your life are also useful evidence of your abilities (for example: voluntary or unpaid work, school or college work, family or home responsibilities).

Effective communicator who listens, encourages feedback and is dependable
Accurate and able to record information in a clear logical manner
Problem solver able to use initiative to resolve difficulties, whilst working within stated
procedures and guidelines
Reflective and keen to improve your own working practice and learning and development
needs
Car Driver with daily use of car

If you need more space please continue on a separate sheet of paper

Your Availability To Work

Crossroads Care Surrey operates 24 hours a day, 7 days a week and provides a 3 hour break for Carers.

Please indicate your general days / sessions of availability below taking into account a session is usually a minimum of 3 hours care.

Please note: We want our clients to receive respite care at a time most beneficial to them, so try to ensure you provide us with as wide a range of your weekly availability to work as possible.

Please state the approximate number of hours you wish to work (When calculating your potential hours and availability please take into account that the majority of sessions will be 3.5 hours in duration):

hours per week (only include hours in white boxes)

NB Applicants are required to be available for a minimum of 14 hours per week

Please circle to indicate availability

Availability	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning One 3 hour session between 9am – 1pm	3.5	3.5	3.5	3.5	3.5	3.5	3.5
Afternoon One 3 hour session between Noon – 5pm	3.5	3.5	3.5	3.5	3.5	3.5	3.5
Late afternoon One 3 hour session between 4pm – 8pm	3.5	3.5	3.5	3.5	3.5	3.5	3.5
Evening (Occasionally available) One 3/4 hour session between 7pm – 12pm							
Overnight (Occasionally available) 8pm – 8am							

Please use the below box to add any information that explains your availability					

Rehabilitation of Offenders Act 1974 and Exception Order 1975

Because of the nature of the work for which you are applying, you must provide information about any criminal record. This includes convictions, cautions, reprimands and warnings. Our power to require this lies in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 which removes the normal operation of the Act in relation to specific occupations, including the provision of home care services. In the event of being employed in connection with this application, any failure to disclose such convictions could result in dismissal or disciplinary action. The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance on criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.

Do you have any convictions, cautions, reprimands or final warnings that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?

Please write either Yes or No

If you do have any previous or outstanding convictions, cautions, reprimands or warnings, you will only be asked to supply details of the type of offence, date, sentence, fine etc if you are invited for interview. Please see guidelines on completing the application form for further details.

Declaration

I declare that all the information I have given within this at to the best of my knowledge. Please note: if you give ur employment contract may be invalidated and the employ dismissal.	ntrue or inaccurate information any
Signed:	Date:

Completed Application Form to be returned by email:

jobs@crossroadscaresurrey.org.uk

or by post to:

HR, Crossroads Care Surrey, 121 Kingston Road, Leatherhead, Surrey KT22 7SU

Crossroads Care Surrey Registered Charity Number. 1125048

Crossroads Care Surrey is a network partner of the Carers Trust registered charity number England and Wales (1145181) and in Scotland (SCO42870).



Monitoring Equal Opportunities

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Part B			
Name			
be removed opportunities	on receipt of spractice is a	your application. Cr dhered to. In order	n strict confidence. This section of the form will ossroads Care Surrey strives to ensure equal to have accurate information about our ld complete this monitoring form and return it.
Position ap	plied for	Carer Support Wo	rker
Personal St	atus (please	tick one box if rele	evant)
L	Jnpaid Carer		
P	erson with Ca	re Needs	
Gender			
N	1ale I	Female	Prefer not to say
0 - 18 - 41 - 65 -	e tick one box 17 Years - 40 Years - 64 Years - 80 Years - 100 Years + Years	()	
Sexual orie			
E	ur sexual oriei Bisexual Bay man	ntation?	

Gay Woman / Lesbian

Heterosexual

Prefer not to say

Other

F	Religi	on / Faith
		Please tick the box that best describes you:
		Buddhist
		Christian
		Hindu
		Jew
		Muslim Sikh
		Other Religion or Belief (please state)
		No Religion
		Prefer not to say
E	Ethni	<u> </u>
	Cho	ose ONE section from A to E, and then tick the appropriate box
		A Asian an Asian Duitiah
	\mathbb{H}	A Asian or Asian British
	H	Bangladeshi
	H	Indian Politicani
	H	Pakistani
	H	Any other Asian background, please write in box
	П	B Black or Black British
		African
		Caribbean
		Any other Black background, please write in box
		C Chinese or other ethnic group
	Щ	Chinese
		Any other, please write in box
	\mathbb{H}	D Mixed Heritage
	H	White and Asian
	H	White and Black African
	H	White and Black Caribbean
	H	Any other Mixed background, please write in box
	Ħ	E White
		British Facilish
		English
		Irish
		Scottish Welsh
		Any other White background, please write in box F
1		Prefer not to say

Disability