

SUPPORT WORKER APPLICATION FORM

To support people with impaired vision and other complex disabilities in leading valued and fulfilling lives

**Please complete all sections of this application form –
Referring to your CV is not acceptable**

Personal Details – (Please note that this page is not used during the selection process).

Full Name(s)		
Full Address		
Contact Details	Phone Number(s): Email:	
Date of Birth		
Nationality		If you are from outside the European Economic Area, do you need a work permit for this post? YES / NO
Do you own a car? YES / NO		Do you have a full clean driving licence? YES / NO

References – These will not be contacted unless an offer of work is made to you

Please give below the names and addresses of two people, **including your most recent line manager** who know you well enough to write about you and comment on whether you are a suitable candidate for this post. **Personal friends are not acceptable as referees.** If you are unsure of who can provide a reference for you, please contact 0121 434 4644 for advice

Name of Referee Address Contact Number/Email (if known) How do you know this person?	
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Registered Office

Vision Homes Association, Trigate, 210-222 Hagley Road West, Oldbury, West Midlands, B68 0NP

Tel: 0121 434 4644 Fax: 0121 434 5655 E-mail: caroline.kenny@visionhomes.org.uk

Registered Charity No: 1017893 Company No: 2756733 registered in Cardiff

What type of work are you looking for ? Please note all Support Workers are expected to work a share of weekends and Public Holidays	Day shifts	Sleep in Shifts	Waking night shifts	Number of Hours per week?
	YES / NO	YES / NO	YES / NO	

Availability to Work
Please indicate what days and times you are available to work on a regular basis

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time	Start Time	Start Time	Start Time	Start Time	Start Time	Start Time
End Time	End Time	End Time	End Time	End Time	End Time	End Time

Disabilities (Please note that this page is not used during the selection process).

If selected for interview, do you require any special arrangements to be made on account of a disability?	YES / NO
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If Yes, please give brief details of the effects of your disability on your day-to-day activities, and any other information that you feel would help us to accommodate your needs during your interview and fulfil our obligations under the Equality Act 2010:

Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

Have you any cautions, warnings or convictions <u>that are not considered to be spent</u> under Rehabilitation of Offenders Act?	YES / NO
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If Yes, please provide further details: If you wish you may prefer to write or email VHA's Chief Executive (ewa.stefanowska@visionhomes.org.uk) confidentially with full details

[Spent convictions do not have to be declared]

Disciplinary Matters

Have you been subject to any disciplinary investigation or action including suspension from duty during your periods of employment with any employer? Include any investigations or actions taken by your professional body. (Also Include any pending or outstanding matters)	YES / NO
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If Yes, please provide further details:

Education / Qualifications

Names of Secondary School s/ Colleges / Universities attended	Subjects Studied / Examinations taken	Results

Do you have any Academic or Vocational Qualifications relating to Health & Social Care?

YES / NO	If Yes, Give details:	Date Attained

Current Employer

Start Date	Name and Address of Employer	
Job Title		Reason for Leaving
Duties		

Previous Posts [most recent first].

Date From:	Employer Name & Address:	Job Title	Duties:
Date To:		Reason for Leaving:	
Date From:	Employer Name & Address:	Job Title	Duties:
Date To:		Reason for Leaving:	
Date From:	Employer Name & Address:	Job Title	Duties:
Date To:		Reason for leaving:	

Breaks / Gaps in Employment History

Any gaps in employment history since leaving school and reasons must be detailed below; this should include voluntary work, unemployment, domestic reasons, prison custody etc.
 If necessary, please continue on a separate sheet, placing your name in the TOP RIGHT corner and numbering the additional sheets.

From:	To:	Reason:
From:	To:	Reason:
From:	To:	Reason:

Data Protection Act 1998

Your signature on this document gives Vision Homes Association [VHA] the right, under the Data Protection Act 1998, to process the information you have given, including data of a sensitive nature, for processes relating to your application for employment, which have been notified to the Offices of the Information Commissioner. Any processing of the data by VHA will be in accordance with the organisation's Data Protection Policy and the processing principles set out in the Act. Application forms of unsuccessful candidates will be destroyed after 12months.

In Support of your Application [continue on separate sheet(s) if required]

A) What interests you about this particular job?

B) What skills / experience do you have that will be helpful in this role?

C) Why should we hire you for this role?

D) How do you see this role fitting in with any other commitments you may have?

Please note that due to financial constraints you will not be contacted unless you have been selected for interview. If you do not hear from us within four weeks of the closing date you should assume you have been not been successful this time.

I confirm that the details in this form and any other information relating to my formal application for employment are correct.

Signature of Applicant:

Date:

Equality and diversity monitoring form

Vision Homes Association wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

The information you provide will stay confidential, and be stored securely and limited to only some staff in the organisation's Human Resources section.

Please return the completed form with your application. These details will not be included in the shortlisting process.

1. Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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2. Preferred Title	<input type="checkbox"/> Miss	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs
	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other:
Full Name			

3. Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Separated
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Other:

4. Ethnic Origin	<input type="checkbox"/> White British	<input type="checkbox"/> White Irish	<input type="checkbox"/> White Other
	<input type="checkbox"/> Black/Black British	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian British
	<input type="checkbox"/> Chinese	<input type="checkbox"/> Mixed	<input type="checkbox"/> Other:

5. Disability	Do you consider yourself to be disabled under the Disability Discrimination Act?		<input type="checkbox"/> Yes
	(The Disability Discrimination Act (1995) defines disability as "a physical or mental impairment which has a substantial and adverse effect on a person's ability to carry out day to day activities".)		<input type="checkbox"/> No
	If yes, what is the nature of your disability? <i>(optional)</i>		

6. Age Range	<input type="checkbox"/> 16 - 24	<input type="checkbox"/> 25 - 34	<input type="checkbox"/> 35 - 44
	<input type="checkbox"/> 45 - 54	<input type="checkbox"/> 55 - 64	<input type="checkbox"/> 65+