Support Worker, Senior & Team Leader (Electronic Version)



For official use only Comment:	Date Received:	Short list:	Yes	No	Letter		
		Ref. 1:	Received	Telephone	Acceptable		
		Ref. 2:	Received	Telephone	Acceptable		
		Interview Date:					
		Interviewed By:					
		Accepted:	Yes	No	Letter		
		DBS Form Completed:					
		DBS Check Received:					
					<u> </u>		

Please complete <u>all parts</u> of this application form. Once completed please return it to:

Once this form has been completed, please email a copy of this form back to hr@kingfieldcaregroup.co.uk or post it back to Kingfield Supported Living, The Link Building, 24a St Andrew's Road, Sheffield S11 9AL.

St Andrew S Road, Shemeld STT SAL.					
Post Information					
Application for the post of:					
At:	With the rate of:				
Personnel Information					
Surname:	Previous Surname:				
Forenames:	Title: (Mr, Mrs, etc.)				
Address:					
	T				
Email:	Mobile Telephone:				
Date of Birth:	National Insurance no.				
Marital Status:	Are you registered disabled?				
Availability for Post					
Date available:	Full Time/Part Time/Bank:				
Hours Available:					
Notice required by current employer:					
Emergency Contact Details					
Name:	Relationship to applicant:				
Address:					
	T				
Daytime telephone:	Evening telephone:				



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Secondary School & College Education						
Qualifications obtained e.g. CSE, GCSE, O Levels, GNVQ, NVQ. Full time or part time:						
School	Form	То	Qualification	Subject	Grade	Date
Fruther Education						
Further Education	I limit como ifo					
E.g. Schools of Nursing,						
College or Uni.	Form	То	Qualification	Subject	Grade	Date
Other Relevant Training						
Please list information about any other course you have taken which may be relevant to this post:						



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Please ensure that a full employment history is given from leaving school. All gaps in this history must be accounted for. Any periods of unemployment must be included.

Present or Most Recent Employment							
Name & address of employer:							
Position	Position held:				rate or salary	<i>y</i> :	
Date of j	oining:			Date	of leaving:		
Summar	y of respo	onsibilities:					
Reason	for leaving	g:					
Previo	us Emp	loyment					
From	То	Employers name & address	Type busine	of ess	Position held	Reason for leaving	Pay rate or salary



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Additional Information in Support of Application				
	riences which may be useful for this post. Please feel free			
to add extra sheets if necessary:				
References				
	are invited for an interview. Both referees must be previous			
employers, one your recent employer. If you have not references can be used such as a qualified doctor, nurs	had previous employment then appropriate professional			
Reference 1	Reference 2			
Name:	Name:			
Position:	Position:			
Email address:	Email address:			
Telephone:	Telephone:			
Can we contact them before the interview?	Can we contact them before the interview?			
Rehabilitation of Offenders Act 1974 (Exce	otions) Order 1975 ost is exempt from the provisions of section 4 (2) of the Rehabilitation of			
Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act (E	xceptions) Order 1975. Applicants are, therefore, not entitled to withhold			
	der the provisions of the Act, and, in the event of employment, any failure ion by the Company. Any information given will be completely confidential			
to disclose such convictions could result in dismissal or disciplinary action by the Company. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies.				
I have read the above and have no convictions to declare.				
Signed:	Date:			
I have read the above and declare the following convictions:				
Signed:	Date:			
Declaration				
I declare that I have understood this form and the information I have given is correct.				
Signed:	Date:			

