Personalised support for disabled people

Job Application Form

Job Title	Reference

1. Personal Details

Surname Mr/Mrs/Miss/Ms/Other	First Name
Address with Postcode	**Telephone (Home)**
	Telephone (Mobile)
	Telephone (Work)
	Email Address

2. Current Employment

Name & Address of Employer	Job Title
	Present Salary
	Date of Appointment
	Period of Notice Required

2. Brief Description of Current Job

4. Education (Up to when leaving full time education)

Secondary School/College/University	Qualification	Grade

5. Professional Qualifications and Training

Organisation	From	To	Qualification	Grade

What training and development opportunities do you think you will need to undertake this role effectively?

6. Non-Qualification Courses Completed (i.e. in-house training at work)

Course	Length of Course	Date

7. Membership of Professional Bodies

Body	Membership Status	Since

8. About You - Interests and Leisure Activities

9. Employment History

From	To	Employers Name & Address	Reasons for Leaving	Final Salary

10. What Were Your Reasons for Applying for This Job?

11. Essential Information

The following questions are linked to the essential requirements for this post, please ensure you answer all of the questions in this section in order for your application to be considered.

Are you willing to support people on a one to one basis in the community, once trained to do so?	YES ☐	NO ☐
Are you willing to work shifts as part of a rolling rota, including evenings, some weekends and overnight support?	YES ☐	NO ☐
Are you willing to undertake continual training and development as part of your role?	YES ☐	NO ☐
Do you hold a current full driving license?	YES ☐	NO ☐
Have you held a full UK driving license for one year or longer?	YES ☐	NO ☐
Do you own a car that you can use for work?	YES ☐	NO ☐
Are you willing to use your car to transport the people you will be supporting in the community?	YES ☐	NO ☐
Does your car insurance include insurance for business use?	YES ☐	NO ☐
If not, are you prepared to add this to your insurance for the purposes of this role?	YES ☐	NO ☐
Do you need a work permit?	YES ☐	NO ☐
If yes, do you currently hold a valid work permit?	N/A ☐ YES ☐	NO ☐

12. Source of the Application

How did you hear of this job opportunity?

If successful, when can you start?

13. References

Please give details of **three references**, two of these should be from your present and/or most recent employer. No reference providers should be related to you.
Please ensure that you include a telephone number and email address for each reference.

Profession/Work 1

Name	
Position	
Company	
Address	
Telephone	
Email address	
In what capacity does the person know you?	

Profession/Work 2

Name	
Position	
Company	
Address	
Telephone	
Email address	
In what capacity does the person know you?	

Profession/Work 3

Name	
Position	
Company	
Address	
Telephone	
Email address	
In what capacity does the person know you?	

References are normally taken up prior to interview.
Do you have any objections to this?   YES ☐   NO ☐

14. Your Health

Please complete the Health Questionnaire in the Information Pack and submit with this Application Form.

15. Are you related to a Nexus-Support employee or service user?

If so, please include the following information:

Name

Relationship

16. Declaration

I hereby declare that to the best of my knowledge, the statements provided in this application are true. I accept that any deliberate miss-statement made may result in dismissal, if engaged.

Signature

Date