

Kim Pullan Care Support Services

Helping you access the care you deserve



Please post this form to: Kim Pullan Care Support Services, Business Hive, 13 Dudley Street, Grimsby, DN31 2AW or email to recruitment@kimpullancaresupportservices.co.uk

Or apply online.

Please note that, if successful, you will not be employed by Kim Pullan Care Support Services but by the person you are caring for or supporting.

APPLICANT INFORMATION

Surname		First Name		Title	
Street Address				Land Line	
Town		Post Code		Mobile	
Phone			E-mail Address		
Date Available		National Insurance		Job Reference	
Position Applied for					
Are you a citizen of United Kingdom?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, do you have permission to work in the UK?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you consent to an Enhanced DBS check being carried out	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitations of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? Guidance and criteria on the filtering of these cautions can be found on www.gov.uk	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain type of conviction, date, and sentence received.		

EDUCATION – PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

Secondary School				Address			
From		To		Qualifications Gained			
College				Address			
From		To		Did you graduate?	Qualifications Gained		

REFERENCES

Please give the names and contact details of two professional people who will provide a reference regarding your suitability for employment. One referee should be your present or most recent employer, usually your line manager. Your second referee can be from a previous manager, or someone who has known you in professional capacity. We cannot accept references from members of your family, friends or a work colleague who is not your line manager.

Full Name		Relationship	
Company		Phone	
Address and email address			
Full Name		Relationship	
Company		Phone	
Address and email address			

ADDITIONAL TRAINING OR SHORT COURSES UNDERTAKEN WHICH ARE RELEVANT TO THIS POST

Date Undertaken	Course Title	Length of Course	Course Provider

Personal Statement and Additional Information Please use this section to outline the skills and abilities you have gained which make you believe you are a good candidate for this position. Ensure you demonstrate how you meet the job requirement detailed in the job description. This may be from previous employment or voluntary work. Please continue on a separate sheet if necessary. Explain what you feel makes a good Carer/Support Worker

PREVIOUS EMPLOYMENT – PLEASE PROVIDE 5 YEARS OF EMPLOYMENT HISTORY USING A SEPARATE SHEET IF NECESSARY

Company	Phone
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Address	Supervisor
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Job Title List Duties Below	Starting Salary	Ending Salary
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From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

Company	Phone
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Address	Supervisor
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Job Title List Duties Below	Starting Salary	Ending Salary
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From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

Company	Phone
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Address	Supervisor
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Job Title	Starting Salary	Ending Salary
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

DRIVING LICENCE

Do you hold a full UK driving licence?	
Do you have unrestricted use of a vehicle?	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge and that I have not omitted or withheld any information which may be relevant to my future employment.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in a withdrawal of an employment offer or dismissal from post if already employed.

Signature

Date