

## Application Form Support Worker

STRICTLY CONFIDENTIAL Application for Employment  
Please type or complete this form in black ink

POSITION APPLIED FOR	Date of Application
Support Worker	

### 1 PERSONAL DETAILS

Full Name			
Surname		First names	
Address		Previous Names	
		Home Telephone No.	
National Insurance No.		Mobile No.	
Immigration Details		E-mail	
Please notify us of any dates you are available for interview:			
Are you a citizen of the EU?	Yes	No	
Do you need a work permit?	Yes	No	
Current driving licence?	Yes	No	
Do you have a car for work use?	Yes	No	

### 2 NEXT OF KIN

Surname		First names	
Address		Relationship	
		Telephone	

#### Motion Care Ltd

Regus, Centurion House, London Road, Staines-Upon-Thames, TW18 4AX  
Phone: (01784) 410045 / 07588090330  
Email: info@motioncareltd.co.uk  
Website: www.motioncareltd.co.uk

### 3a PREVIOUS EMPLOYMENT

Last 5 years, Full employment history must be detailed beginning with your current employment and covering all reasons for gaps in any given year.

Date		Employer's name (most recent first)	Position held	Reason for leaving
From	To			

Please refer to page number 7, if you need some extra space.

### 3b Education

(Original documents as proof of qualification will be required at the interview)

Secondary School / College / University	Examinations taken	Result

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#### 4 REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose?

Yes	No
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Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Failure to declare or the falsification of any of the above details will result in the withdrawal of any job offer.**

#### 5 ADDITIONAL PERSONAL DETAILS

Outside interests, leisure time activities and other personal information which you think may assist us in evaluating your application.

#### 6 REFERENCES

Please give the name and address of at least two referees, one of whom must be your present employer or your most recent employer.

	Name	Status	Address and Telephone No
1			
2			
3			

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This organization seeks to work in a flexible and family-friendly manner with its staff, however, unsocial hours are part and parcel of a quality care service. Weekend working is a requirement for all staff, the frequency of which will be determined at interview.

Please indicate holiday dates if already booked
Period of notice required in the present post
Earliest start date

This section of the application will be detached and used for monitoring purposes only. Our organisation recognize and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation religion or belief. We welcome applications from all sections of the community.

Date of Birth:		
Gender	<input type="checkbox"/>	Male
	<input type="checkbox"/>	Female
	<input type="checkbox"/>	I do not wish to disclose this

### Race Relations (Amendment) 2000

I would describe my ethnic origin as (please indicate with a tick)

Asian or Asian British		Mixed Raced		Other Ethnic Group	
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Indian	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Any other ethnic group
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	I do not want to disclose this
<b>Any other Asian background</b>					
<b>Any other mixed background</b>					
Black or Black British		White			
<input type="checkbox"/>	African	<input type="checkbox"/>	British		
<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Irish		
<input type="checkbox"/>	Any other background				

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## Employment Equality Regulations 2003

Please select the option which best Please indicate your religion or belief that describes your sexuality.

<input type="checkbox"/>	Lesbian	<input type="checkbox"/>	Atheism	<input type="checkbox"/>	Sikhism
<input type="checkbox"/>	Gay	<input type="checkbox"/>	Buddhism	<input type="checkbox"/>	Judaism
<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Christianity	<input type="checkbox"/>	Hinduism
<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Islam	<input type="checkbox"/>	Other
<input type="checkbox"/>	<b>I do not wish to disclose this</b>	<input type="checkbox"/>	Jainism	<input type="checkbox"/>	<b>I do not wish to disclose this</b>
<input type="checkbox"/>	Other				

## Health Questionnaire

In order to comply with the Health and Social Care Act 2008 and the Equality Act 2010, please complete this questionnaire as fully as possible. Failure to do so could impede or delay your appointment. All information is confidential.

Have you ever had or suffered from:	Yes	No
Epilepsy/Blackouts	<input type="checkbox"/>	<input type="checkbox"/>
Nervous Mental Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Migraine/Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Skin Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Back pain/Previous Back Injury	<input type="checkbox"/>	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>
Asthmatic or respiratory ailments	<input type="checkbox"/>	<input type="checkbox"/>
Recurring Incidence of Illness	<input type="checkbox"/>	<input type="checkbox"/>

Are you registered disabled?	Yes	No
If yes, please detail		

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Please List below any vaccinations or immunizations	
Date	
Immunization	
Expiry	
Date	
Immunization	
Expiry	
Date	
Immunization	
Expiry	
Date	
Immunization	
Expiry	

**Thank you for completing this application form.**

**I declare that the information given is correct to the best of my knowledge. In my view, I am fit physically and mentally to undertake this post. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give the employer the right to investigate all references.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### 3a

Date		Employer's name (most recent first)	Position held	Reason for leaving
From	To			

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## FOR OFFICE USE ONLY

Applicant shortlisted	Yes	No
Interview Date:		
References requested:		
Verbal reference check:	Yes	No
Date:		

### Additional Notes from the application

Applicant shortlisted	Yes	No
Full employment history?	Yes	No

## Notes for interview

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_