

COMPLETED APPLICATION FORMS TO:

Carers' Support Service, 11 Redcombe Lane, Brigg, DN20 8AU

or email info@carerssupportcentre.com

Company Limited by Guarantee, Registered Number: 3540988

Registered Charity Number: 1070028

PRIVATE & CONFIDENTIAL

APPLICATION FORM

PLEASE COMPLETE IN BLACK INK OR TYPESCRIPT

Applicant No.

Post Title:

YOUR DETAILS

Surname:

Initials:

Address:

Postcode:

Telephone Number:

Home:

Mobile:

Email Address:

EMPLOYMENT

Please give details of ALL previous jobs, including part-time or holiday posts lasting more than 6 weeks. Please list them in chronological order, starting with your present or most recent first. Please explain any gaps in employment and reasons for leaving each post.

Dates To – From	Name of Employer	Position held and summary of duties	Reason for leaving



Present or most recent salary:

If offered this position, when could you take up the appointment?

LEISURE & OTHER INTERESTS

Please include membership of clubs and societies, any office you may hold in these, or other relevant activities

ABOUT YOU

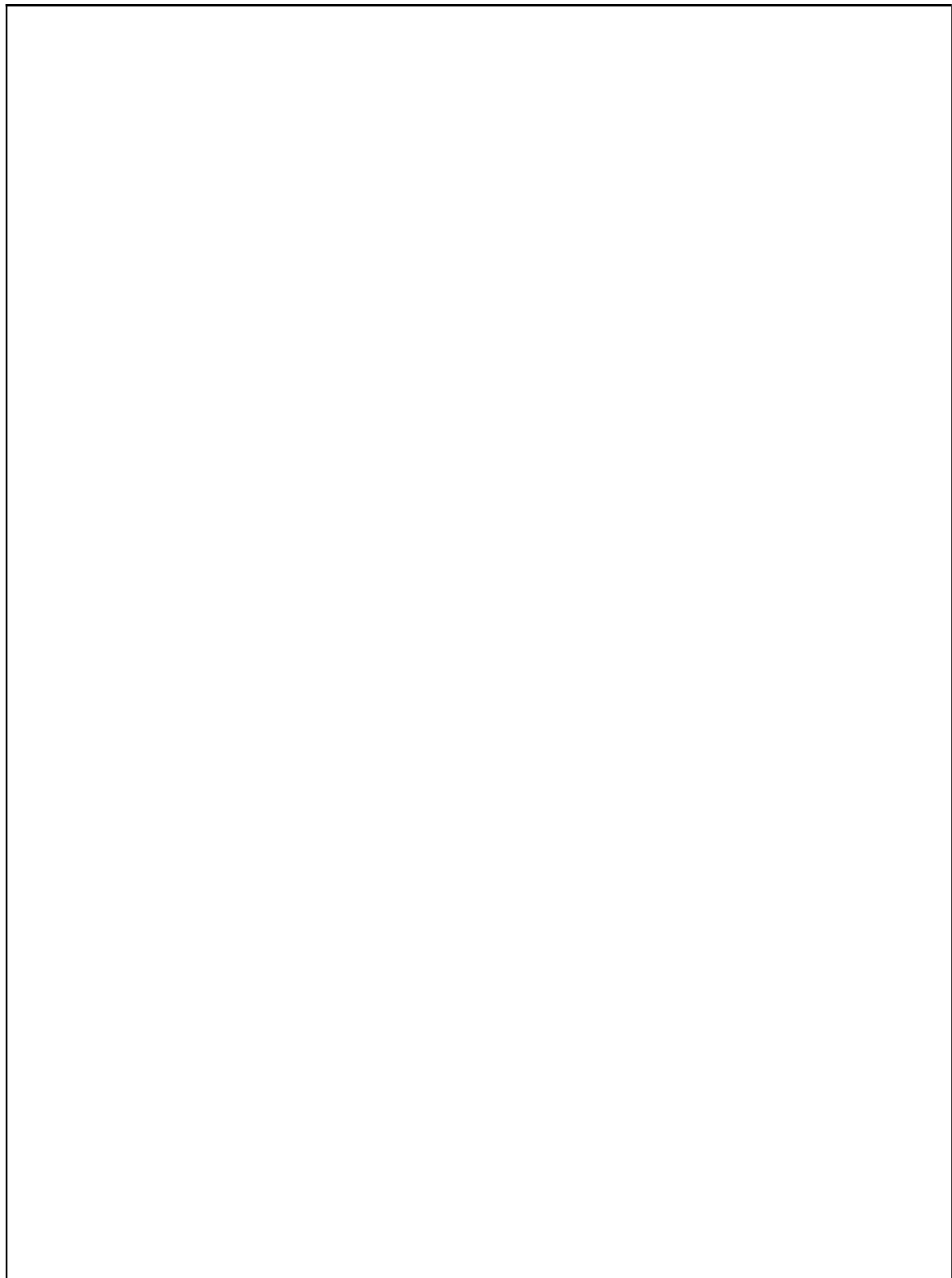
Please explain why you are applying for this post. State how you meet the person specification, relating your answers to the tasks set out in the job description. Please ensure that you address every aspect of the essential criteria in the person specification.

Please try not to exceed 2 sides of A4.

Dementia Direct

At the Carers' Support Service NORTH LINCOLNSHIRE

The home of support for people living with Dementia and Carers





GENERAL INFORMATION

Do you hold a current car / motorcycle license?

Yes No

Do you have access to a car / motorcycle?

Yes No

REFERENCES

Please give details of two people who can provide a reference for you. One of these should be your present or last employer.

We would prefer to take up references by email, please provide email addresses where possible.

1	2
Job Title:	Job Title:
Telephone No.	Telephone No.
Email:	Email:
Status (e.g. Line Manager)	Status (e.g. Line Manager)

May we contact your referees before an interview?

Yes No

The Carers' Support Centre is an Equal Opportunities Employer.
Applications are welcome irrespective of gender identity, age, marital status, responsibility for dependents, race or ethnic origin, sexuality or disability.

DECLARATION

I confirm that, to the best of knowledge, the information I have given on this form is true and correct. It will be treated as part of any subsequent contract of employment.

Signed: _____ Date: _____

Thank you for completing this form. Please email it or send it to the address at the top of this form.

Fair Recruitment and Equal Opportunities Monitoring Form

This information does not form part of our recruitment process.

Gender Identity:
Man Woman
Non Binary
Other:

Does your gender match the gender you were given at birth?
Yes No

Sexuality:
Heterosexual/Straight
Gay Lesbian
Bisexual
Other:

My marital status is:
Single Married
Other

My age is:
Under 25 25-34
 45-54
Over 55

I have dependants:
Under 5 5-18
Elderly / Disabled
No Dependants

ETHNIC ORIGIN

A White
British Irish
Other white background (please specify)

B Mixed
White & Black Caribbean
White & Black African
White & Asian
Other mixed background

C Black or Black British
Caribbean
African
Other black background (please specify)

D Asian or Asian Background
Indian
Pakistani
Bangladeshi
Other Asian Background (please specify)

E Chinese or other ethnic group
Chinese
Other (please specify)

I am:
Disabled
Not Disabled