

Carer Support Worker's must be able to work a minimum of **14 hours** per week
Please complete in black ink or type

Part A

Crossroads Care Surrey aims to promote equality of opportunity for all. We value diversity and recognise that different people bring different perspectives, ideas, knowledge and culture, and that this difference will strengthen our ability to provide the best level of service possible to our clients as we strive to deliver excellence.

All data provided herein by yourself will be held and processed in strict adherence to the Data Protection Act 2018 and EU General Data Protection Regulations. A link to which is provided in the accompanying email and if this application is posted is enclosed herewith.

All short listing will be carried out in a fair and objective manner using the criteria listed in the Person Specification to measure each applicant's suitability. Try to ensure your application form is clear, concise and well organised with examples that help to evidence your skills and experience.

| | |
|-------------------------|-----------------------------|
| Post applied for | Carer Support Worker |
|-------------------------|-----------------------------|

1. Your Details

| | | | |
|---|--------------------|--|--|
| Title | First Names | Surname / Family Name | |
| | | | |
| Address | | | |
| Town | | | |
| County | | | |
| Postcode | | | |
| Home Telephone | | Mobile No | |
| E-Mail Address | | Most recent salary | |
| | | £ | |
| Do you have use of a car and a full driving licence? | | Have you worked in Care before? (This is not a requirement as comprehensive training will be provided). | |
| Yes or No | | Yes or No | |

Where did you see this post advertised?

| | |
|--|------|
| Newspaper | |
| Job Centre | |
| Website | www. |
| Word of Mouth | |
| Referred by a friend (please name the individual) | |
| Other (please specify) | |

2. References

Please give name and contact details for your previous two employers, who can provide references for you. They **must** be your last two employers. If you aren't currently in employment please provide character referee names and contact details. Crossroads Care Surrey reserves the right to contact other previous employers. We do not approach referees until after interview and we have got your permission.

| | |
|--|---|
| Present or previous employer Name: Job title: Organisation: Address: Telephone: E mail address: How is this referee known to you? Start Date: End Date: | Name: Job title: Organisation: Address: Telephone: E mail address: How is this referee known to you? Start Date: End Date: |
|--|---|

3. Education and Training Information

Education and qualifications

Please tell us about the school/college/university you attended, starting with the most recent.

| Names of Schools / Colleges / Universities Attended since age 11 | Qualifications gained or being sought, including grades |
|---|--|
| | |
| | |
| | |
| | |
| | |
| | |
| Please add new rows if more are required | |

Training

Please tell us about training courses you have been on that are relevant to this application.

| Course title and what did you learn? | Name of the organisation that ran the training | Date training attended |
|---|---|-------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Please add new rows if more are required | | |

4. Your Employment / Volunteering Information

Use sections (4a) and (4b) below to tell us about your paid employment, volunteering activities and any other relevant activities. In section (4c) you should tell us about any gaps in employment so that within the three sections you have accounted for all periods of time.

We will use information below to take up at least two references (usually covering a period of the last three years). Where you have been in education during this period references will be taken up from those sources also. Please ensure that you provide full contact details. We will only take up references once an offer of employment has been made. If your work history (sections 3a and 3b) does not cover over three years please also provide a referee who will provide a character reference for you – on a separate sheet.

4a) Details of Your Current/Last Employer

| Last Employers Contact Details | | | |
|--|--|----|--|
| Name of Line Manager | | | |
| Company Name | | | |
| Full Address | | | |
| | | | |
| Town | | | |
| County | | | |
| Post Code | | | |
| Telephone Number | | | |
| Contact email address | | | |
| Your Job title | | | |
| Weekly Hours worked | | | |
| Please provide exact dates of your last period of employment | | | |
| From | | To | |
| Notice Period | | | |
| Reasons for Leaving | | | |
| | | | |
| Outline a brief summary of duties and responsibilities | | | |
| | | | |

| Last Employers Contact Details | | | |
|--|--|----|--|
| Name of Line Manager | | | |
| Company Name | | | |
| Full Address | | | |
| | | | |
| Town | | | |
| County | | | |
| Post Code | | | |
| Telephone Number | | | |
| Contact email address | | | |
| Your Job title | | | |
| Weekly Hours worked | | | |
| Please provide exact dates of your last period of employment | | | |
| From | | To | |
| Notice Period | | | |
| Reasons for Leaving | | | |
| | | | |
| Outline a brief summary of duties and responsibilities | | | |
| | | | |

4b) Your Previous Employment History/ Voluntary Work / Other Activities

| Previous Employers Contact Details | | | |
|--|------|--|----|
| Name of Line Manager | | | |
| Company Name | | | |
| Full Address | | | |
| | | | |
| Town | | | |
| County | | | |
| Post Code | | | |
| Telephone Number | | | |
| Contact email address | | | |
| Your Job title | | | |
| Weekly Hours Worked | | | |
| Please provide exact dates of your last period of employment | | | |
| | From | | To |
| Reasons for Leaving | | | |
| | | | |
| Outline a brief summary of duties and responsibilities | | | |
| | | | |

| Previous Employers Contact Details | | | |
|--|------|--|----|
| Name of Line Manager | | | |
| Company Name | | | |
| Full Address | | | |
| | | | |
| Town | | | |
| County | | | |
| Post Code | | | |
| Telephone Number | | | |
| Contact email address | | | |
| Your Job title | | | |
| Weekly Hours Worked | | | |
| Please provide exact dates of your last period of employment | | | |
| | From | | To |
| Reasons for Leaving | | | |
| | | | |
| Outline a brief summary of duties and responsibilities | | | |
| | | | |

Please provide details here of previous employers other than those already given.

| | | | |
|---|--|-----------|--|
| Company Name | | | |
| Job Title | | | |
| Please provide exact dates of your last period of employment | | | |
| From | | To | |
| Reasons for Leaving | | | |
| | | | |
| Outline a brief summary of duties and responsibilities | | | |
| | | | |

| | | | |
|---|--|-----------|--|
| Company Name | | | |
| Job Title | | | |
| Please provide exact dates of your last period of employment | | | |
| From | | To | |
| Reasons for Leaving | | | |
| | | | |
| Outline a brief summary of duties and responsibilities | | | |
| | | | |

| | | | |
|---|--|-----------|--|
| Company Name | | | |
| Job Title | | | |
| Please provide exact dates of your last period of employment | | | |
| From | | To | |
| Reasons for Leaving | | | |
| | | | |
| Outline a brief summary of duties and responsibilities | | | |
| | | | |

4c) Gaps in Paid Employment / Voluntary Work

If your Employment/Voluntary Work has any gaps, clearly identify the dates and provide information that clarifies the situation e.g. unemployed, travelling, parenting years etc.

| Date From | Date To | Explanation |
|------------------|----------------|--------------------|
| | | |

If you need more space please continue on a separate sheet of paper.

Supporting Statement

Information in support of your application

Outline below how your skills and experience meet each of the criteria in the person specification.

Try to choose examples from your past experience that clearly demonstrate what we are looking for, be precise about what you did, how you did it and the outcome or result of your actions.

Stating “I understand the needs of Carers”, or “I am committed to safeguarding” is not enough information as it does not indicate any skill or knowledge of the subject.

Wherever possible provide recent work examples, but do remember that relevant examples from other aspects of your life are also useful evidence of your abilities (for example: voluntary or unpaid work, school or college work, family or home responsibilities).

Supporting Statement:

Demonstrate how your skills and experience will enable you perform well linked to the following criteria:

Courteous, approachable, caring and professional

Empowering and supportive ensuring that people are always treated with dignity and respect

Focussed on the views and needs of clients to deliver care that is person centred

Effective communicator who listens, encourages feedback and is dependable

Accurate and able to record information in a clear logical manner

Problem solver able to use initiative to resolve difficulties, whilst working within stated procedures and guidelines

Reflective and keen to improve your own working practice and learning and development needs

Car Driver with daily use of car

If you need more space please continue on a separate sheet of paper

Your Availability To Work

Crossroads Care Surrey operates 24 hours a day, 7 days a week and provides a 3 hour break for Carers.

Please indicate your general days / sessions of availability below taking into account a session is usually a minimum of 3 hours care.

Please note: We want our clients to receive respite care at a time most beneficial to them, so try to ensure you provide us with as wide a range of your weekly availability to work as possible.

Please state the approximate number of hours you wish to work (When calculating your potential hours and availability please take into account that the majority of sessions will be 3.5 hours in duration):

| | |
|--|---|
| | hours per week (only include hours in white boxes) |
|--|---|

NB Applicants are required to be available for a minimum of 14 hours per week

Please circle to indicate availability

| Availability | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|---|-----|------|-----|-------|-----|-----|-----|
| Morning One 3 hour session between 9am – 1pm | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 |
| Afternoon One 3 hour session between Noon – 5pm | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 |
| Late afternoon One 3 hour session between 4pm – 8pm | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 |
| Evening (Occasionally available) One 3/4 hour session between 7pm – 12pm | | | | | | | |
| Overnight (Occasionally available) 8pm – 8am | | | | | | | |

Please use the below box to add any information that explains your availability

Rehabilitation of Offenders Act 1974 and Exception Order 1975

Because of the nature of the work for which you are applying, you must provide information about any criminal record. This includes convictions, cautions, reprimands and warnings. Our power to require this lies in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 which removes the normal operation of the Act in relation to specific occupations, including the provision of home care services. In the event of being employed in connection with this application, any failure to disclose such convictions could result in dismissal or disciplinary action. The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance on criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.

Do you have any convictions, cautions, reprimands or final warnings that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?

Please write either Yes or No

If you do have any previous or outstanding convictions, cautions, reprimands or warnings, you will only be asked to supply details of the type of offence, date, sentence, fine etc if you are invited for interview. Please see guidelines on completing the application form for further details.

Declaration

I declare that all the information I have given within this application form is true and accurate, to the best of my knowledge. Please note: if you give untrue or inaccurate information any employment contract may be invalidated and the employee subject to disciplinary action or dismissal.

Signed: _____ **Date:** _____

Completed Application Form to be returned by email:

jobs@crossroadscaresurrey.org.uk

or by post to:

HR, Crossroads Care Surrey, 121 Kingston Road, Leatherhead, Surrey KT22 7SU

Crossroads Care Surrey Registered Charity Number. 1125048

Crossroads Care Surrey is a network partner of the Carers Trust registered charity number England and Wales (1145181) and in Scotland (SCO42870).



Monitoring Equal Opportunities

Part B

| | |
|------|--|
| Name | |
|------|--|

All information outlined below will be treated in strict confidence. This section of the form will be removed on receipt of your application. Crossroads Care Surrey strives to ensure equal opportunities practice is adhered to. In order to have accurate information about our performance we would be grateful if you would complete this monitoring form and return it.

| | |
|----------------------|----------------------|
| Position applied for | Carer Support Worker |
|----------------------|----------------------|

Personal Status (please tick one box if relevant)

| | |
|--------------------------|------------------------|
| <input type="checkbox"/> | Unpaid Carer |
| <input type="checkbox"/> | Person with Care Needs |

Gender

| | | | | | |
|--------------------------|------|--------------------------|--------|--------------------------|-------------------|
| <input type="checkbox"/> | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | Prefer not to say |
|--------------------------|------|--------------------------|--------|--------------------------|-------------------|

Age (please tick one box)

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | 0 – 17 Years |
| <input type="checkbox"/> | 18 – 40 Years |
| <input type="checkbox"/> | 41 – 64 Years |
| <input type="checkbox"/> | 65 – 80 Years |
| <input type="checkbox"/> | 80 – 100 Years |
| <input type="checkbox"/> | 100+ Years |

Sexual orientation

| | |
|----------------------------------|---------------------|
| What is your sexual orientation? | |
| <input type="checkbox"/> | Bisexual |
| <input type="checkbox"/> | Gay man |
| <input type="checkbox"/> | Gay Woman / Lesbian |
| <input type="checkbox"/> | Heterosexual |
| <input type="checkbox"/> | Other |
| <input type="checkbox"/> | Prefer not to say |

Religion / Faith

Please tick the box that best describes you:

- Buddhist
- Christian
- Hindu
- Jew
- Muslim Sikh
- Other Religion or Belief (please state)
- No Religion
- Prefer not to say

Ethnicity

Choose ONE section from A to E, and then tick the appropriate box

- A Asian or Asian British
 - Bangladeshi
 - Indian
 - Pakistani
 - Any other Asian background, please write in box
- B Black or Black British
 - African
 - Caribbean
 - Any other Black background, please write in box
- C Chinese or other ethnic group
 - Chinese
 - Any other, please write in box
- D Mixed Heritage
 - White and Asian
 - White and Black African
 - White and Black Caribbean
 - Any other Mixed background, please write in box
- E White
 - British
 - English
 - Irish
 - Scottish Welsh
 - Any other White background, please write in box F
- Prefer not to say

Home Location - Postcode

| | |
|---------------------------------------|--|
| First 3 digits of your postcode | |
|---------------------------------------|--|

Disability

“Disability is defined as a physical or mental impairment that has a substantial and long term adverse effect on a person’s ability to carry out their normal day to day activities.” Do you consider yourself to have a disability or a long-term health condition?

Yes

If yes, do you need any reasonable adjustments if you were to be invited to interview?

Please State