**Application Form**

**Care Coordinator**

Thank you for your interest in Carers Trust Crossroads West Wales. Please complete this application form in black ink or type. We will use this application form to decide whether you will be given an interview so please fill it in very carefully.

Please complete all sections of the application form. Only applications made using the form are accepted, we do not accept CVs. If you need more space for a particular section, then continue on a separate sheet of paper.

The application form consists of the follow sections:

* Part A - Personal details
* Part B - References
* Part C - Education and work history
* Part D - Declarations
* Part E - Equal opportunities monitoring form

Please send completed application forms by email to

[**hrenquiries@ctcww.org.uk**](mailto:hrenquiries@ctcww.org.uk)

or send by post marked private and confidential to:

**Carers Trust Crossroads West Wales, The Palms Unit 3, 96 Queen Victoria Road, Llanelli SA15 2TH**

If you have any queries about the post or the application pack, then feel free to contact us for an informal discussion.

**Part A - Personal details**

|  |  |
| --- | --- |
| **Title:** |  |
| **First name:** |  |
| **Surname:** |  |
| **Address:** |  |
| **Post code:** |  |
| **Email address:** |  |
| **Tel (home):** |  |
| **Tel (mobile):** |  |

**Part B - References**

* Please give names, addresses and telephone numbers of two people who can provide references for you. They **must** be your last two employers.
* Where you have previous employment in a position which involved work with children or vulnerable adults we are required to check the reason why the employment ended so please provide full contact details for these employers in the past employment section. The organisation reserves the right to contact other previous employers. We do not approach referees until after interview.
* If you have only one previous employer, you may give the name of another person who can provide a reference for you, but this should not be a partner or a member of your family. If you are currently self-employed, you may use a client as a referee. If you are still in full time education and applying for your first job, please give details of someone in authority from an educational establishment.

**Reference 1 - Present or previous employer**

|  |  |
| --- | --- |
| **Name:** |  |
| **Job title:** |  |
| **Organisation:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email address:** |  |
| **How is this referee known to you?** |  |

**Reference 2 - Present or previous employer**

|  |  |
| --- | --- |
| **Name:** |  |
| **Job title:** |  |
| **Organisation:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email address:** |  |
| **How is this referee known to you?** |  |

**Do you wish to be contacted before we approach these referees?** Yes / No

**Part C - Education and work history**

**Education and qualifications**

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

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| --- | --- | --- |
| **Name of school,**  **college or university** | **Dates you started**  **and finished** | **Qualification and grade** |
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*If you need more space, please continue on a separate sheet of paper*

**If applicable, are you currently registered with Social Care Wales?**

If so, please state your registration number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry date: / /20

**Do you consider yourself to be a Welsh speaker?**

Yes (fluently) / Yes (not fluently) / No

**Training**

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

|  |  |  |
| --- | --- | --- |
| **Course title and content** | **Organisation that provided training** | **Date training**  **attended** |
|  |  |  |
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*If you need more space, please continue on a separate sheet of paper*

**Present or most recent employment**

|  |  |
| --- | --- |
| **Employer’s name:** |  |
| **Employer’s address:** |  |
| **Post title:** |  |
| **Please tell us about what your duties were:** |  |
| **Reason for leaving:** |  |
| **Notice required:** |  |
| **Salary and number of hours worked:** |  |

**Past employment**

**You must give details of your entire work history and account for any gaps, starting with the most recent.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer’s name and address** | **Dates from/to**  **(month and year)** | **Job title and brief**  **description of duties** | **Reason for leaving** |
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*If you need more space, please continue on a separate sheet of paper*

**Staff Unavailability**

Use this section to indicate how many hours you are available to work:

**Minimum hours available per week:** \_\_\_\_\_\_ **Maximum hours available per week:** \_\_\_\_\_\_   
  
Please state any specific days or times of the week you are unavailable for shifts here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
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**Information in support of your application**

Please use this space to tell us how your skills, experience and knowledge meet the criteria in the person specification. Selection for interview will be made on how well you demonstrate you meet the person specification and how you show that you have the required skills or experience. You may wish to include relevant experience from voluntary work or education.

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

**Part D - Declarations**

**Right to work in the UK**

Do you have the right to work in the United Kingdom? **Yes / No**

*To comply with the Immigration, Asylum and Nationality Act 2006 we will ask you to provide documentary evidence of your right to work in the UK during the recruitment process*.

**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.*

*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. This appointment is subject to a satisfactory enhanced disclosure from the Disclosure and Barring Service (DBS). Where appropriate this check will also show whether a person is barred from working with vulnerable adults and/or children.*

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)? **Yes/No**

**Declaration**

I declare that all the information I have given on this application form is true and accurate, to the best of my knowledge.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Please note that if you give untrue or inaccurate information any employment contract may be invalidated and the employee subject to disciplinary action or dismissal.*

**Please continue to Part E for the equal opportunities monitoring form.**

*Part E will be detached from your application and is only used for statistical and monitoring purposes.*

**Part E - Equal opportunities monitoring form**

All information received will be treated in strict confidence. We strive to be an equal opportunities employer and have a clear policy in terms of challenging discriminatory practices. For us to have accurate information about our performance we would be grateful if you would complete this monitoring form and return it with your application form.

Please use an X to mark your answer.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Post applied for:** |  | | | |
| **1 – Ethnicity** | | | | |
| White | | | Black or Black British | |
| British | |  | African |  |
| Irish | |  | Caribbean |  |
| Any other white  (please specify) | |  | Any other black  (please specify) |  |
| Mixed | | | Asian or Asian British | |
| White and Black Caribbean | |  | Bangladeshi |  |
| White and Black African | |  | Indian |  |
| White and Asian | |  | Pakistani |  |
| Any other mixed  (please specify) | |  | Any other Asian  (please specify) |  |
| Other ethnic group (please specify) | | |  | |
| If you would like to further describe your ethnicity, please do so here | | |  | |
| If you would prefer not to say, please put an X in the box | | | |  |
| **2 - Age** | | | | |
| 16 - 24 years | |  | 49 - 56 years |  |
| 25 - 33 years | |  | 57 - 65 years |  |
| 34 - 40 years | |  | 66 - 70 years |  |
| 41 - 48 years | |  | Over 70 years |  |
| If you would prefer not to say, please put an X in the box | | | |  |
| **3 – Gender** | | | | |
| Male | |  | Female |  |
| If you would prefer not to say, please put an X in the box | | | |  |

**Equal opportunities monitoring form (continued)**

|  |  |  |  |
| --- | --- | --- | --- |
| **4 - Do you consider yourself to be a person with a disability?** | | | |
| *Under the Equality Act 2010 a person is classified as disabled if they have a physical or mental impairment which has a substantial and long-term effect on their ability to carry out normal day to day activities.* | | | |
| Yes |  | No |  |
| If you would prefer not to say, please put an X in the box | | |  |
| **5 - Are you a carer?** | | | |
| *A carer is someone, who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability.* | | | |
| Yes |  | No |  |
| If you would prefer not to say, please put an X in the box | | |  |

**Please tell us how you heard about this job:**

|  |
| --- |
|  |

*If you feel that our recruitment process has unfairly discriminated against your application to work with us, please tell us.*