Claire Patricia Steeples (CPS) Trust
Application Form

Post: Personal Assistant (Care)

Personal Details

Full Name:
Address: **Postcode:**
Contact Telephone Numbers: **Email :**

Your Gender: **Male** ☐ **Female** ☐ **Date of Birth (optional):** **/** **/**

Do you hold a current Driving Licence?	**Yes** ☐	**No** ☐
Do you have access to a car?	**Yes** ☐	**No** ☐
Do you have any driving convictions or endorsements?	**Yes** ☐	**No** ☐

Education: Summarise your educational achievements including secondary education. Please list and vocational qualifications achieved e.g. NVQs **(Spare sheet can be used)**

Please show the hours and times you are available to work by ticking the boxes below

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Mornings							
Afternoons							
Evenings							
Sleepovers							

Are you able to do extra hours if necessary? ☐ **Yes** ☐ **No**

Employment History
Please give details of your previous employment starting with the most recent job

Name and Contact details of Employer and Type of Business	Dates: Start - Finish	Position Held:

When is the earliest date you will be able to start work? / /

Please provide the name and contact details of two referees, we cannot accept references from personal friends or work colleagues

Referee 1(current/most recent employer) (Can we contact them prior to a job offer? yes/no)	Referee 2 (Can we contact them prior to a job offer? yes/no)
Name: **Address:** **Contact Numbers:** **Email:**	**Name:** **Address:** **Contact Numbers:** **Email:**

PREVIOUS CONVICTIONS

This post is subject to the Rehabilitation Offenders Act 1974 [Exceptions Order 1975] and therefore prospective employees are required to give information about any convictions, including those, which for other purposes are spent. In case of employment, any failure to disclose such convictions could result in dismissal. Information given is confidential and will only be considered for the purposes of this application.

Do you have any past or present convictions? Yes: No:

DECLARATION:

If you give information which you know is false, this may lead to your application being rejected, or if appointed, to your dismissal.

I declare that the information I have given is to the best of my knowledge true and correct.

Signature: Date: / /

Please return your completed forms to:

The Manager CPS Trust
c/o 12 Tanfield Park
Wickham Fareham
PO17 5NP

01329-835635/07842567155
info@cpstrust.co.uk