



**APPLICATION FOR THE POST OF**  
**Sessional Residential Child Support Worker**  
**(RESIDENTIAL AND RESPITE SERVICES)**

**Important:** The application form must be completed in full. A curriculum vitae will not be accepted as a substitute for all or any part of the form. Please use black ink.

<b>Full name:</b>	<input style="width: 95%;" type="text"/>	<b>Title:</b>	<input style="width: 95%;" type="text"/>
<b>Previous name(s) e.g. maiden name</b>	<input style="width: 95%;" type="text"/>	<b>Date &amp; Place of Birth:</b>	<input style="width: 95%;" type="text"/>
<b>Address:</b>	<input style="width: 95%; height: 40px;" type="text"/>		
<b>Home tel:</b>	<input style="width: 200px;" type="text"/>	<b>Mobile tel:</b>	<input style="width: 200px;" type="text"/>
<b>Email address:</b>	<input style="width: 95%; height: 30px;" type="text"/>		

**PRESENT EMPLOYMENT, OR MOST RECENT IF UNEMPLOYED**

<u>Employer's Details</u>	<u>Your Job Title:</u>					
Name:						
Address:				Salary & Grade	Date Commenced:	Reason for leaving:
Post Code:						
Nature of Business:					Notice required or date left:	
Work Tel. No:						
Please give a brief description of your present (or most recent) duties:						

**PREVIOUS EMPLOYMENT** (You must give a full account of all previous employment including any gaps, continue on a separate sheet if necessary)

From / To (Month/Year)	Employer's Name, Address and Nature of Business	Your Job Title and Brief Outline of Duties	Reason for Leaving

**EDUCATION**

Please give details of Education and Qualifications obtained from Secondary School, College, University, etc:

Place of Study	Qualification Type: <i>e.g. GCSE</i>	Date Obtained	Subject	Grade

**WORK RELATED TRAINING**

Please give details of any courses you have attended or specialist training undertaken:

Organising Body	Dates Attended	Length of Course	Course Title/Subject <i>(and qualifications attained, where appropriate)</i>

Do you hold a current valid driving licence?

Yes

No

Do you have any driving endorsements?

Yes

No

**PERSONAL STATEMENT**

Please state why you consider yourself suitable for this post and why you have applied for it

*You must relate your comments to the essential and desirable criteria in person specification and the job description. Where they are relevant to the post remember to include (as well as work experience) other skills that you may have gained at home or elsewhere. This may include details of holiday/weekend jobs or voluntary/unpaid work. Please try to evidence your comments with specific examples. Please fill this section in by hand.*

## CONVICTIONS/CAUTIONS

Given the nature of the service provided by Acorn Care (UK) Ltd., it is the policy of this company to ask applicants to this and other posts to declare any convictions or cautions. It is further necessary for applicants to give their permission for the Police Authority to undertake a vetting check.

The disclosure of any conviction(s) will not necessarily disqualify you from consideration from this post, however, failure to disclose information of this nature may do so.

Please enter below details of any convictions for any offence (including traffic convictions) or formal cautions by police for any offence (including cautions as a juvenile) or any bind-overs imposed by any court. You must include spent convictions under the Rehabilitation of Offenders Act 1974 (by virtue of the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975) or any involvement whatsoever with civil or military police.

Date	Name of Court or Police Station where dealt with	Offence(s)	Result

## REFERENCE/CONTACT WITH PRESENT OR MOST RECENT EMPLOYER

Please give the name and address of the person working for your present or most recent employer with whom contact can be made to verify the details of your present or most recent employment. The person should be in a management or supervisory position in relation to you. Contact will be made only if you are short-listed for the post.

Name:	Position held:
Address:	
Post code:	
Tel. No.	May we contact this referee at short-listing stage? YES <input type="checkbox"/> NO <input type="checkbox"/>

## ADDITIONAL REFEREE

Please give the name and address of another person who has agreed to act as referee. Do not use a relative.

Name:	Position held:
Address:	
Post code:	
Tel. No.	May we contact this referee at short-listing stage? YES <input type="checkbox"/> NO <input type="checkbox"/>

## DECLARATION

All information supplied by you is strictly confidential and will only be used for the purpose of recruitment and personnel administration.

*I certify that to the best of my knowledge the information I have given on this form is correct. I hereby give permission for a Police Check to be made in connection with my application.*

<b>Signed:</b>	<b>Date:</b>
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- PLEASE RETURN, FAO. Mrs. Julie-Ann Foxton. 33 Kellaw Road, Yarm Road Business Park, Darlington, Co Durham, DL1 4YA