

Care Assistant Application Form Kallar Lodge

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| --- | --- |
| TITLE | MR □ MRS □ MISS □ MS □ OTHER: |
| FIRST NAME |  |
| SURNAME |  |
| EMAIL ADDRESS |  |
| ADDRESS LINE 1 |  |
| ADDRESS LINE 2 |  |
| CITY |  |
| POST CODE |  |
| CONTACT NUMBER |  |

**Job Applied for Care Assistance**

**Employment History** (Start with your current/most recent employer)

|  |  |  |
| --- | --- | --- |
| Job Title & Company | Date from & To | Brief Description |
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**Referees**

You are required to provide 2 references. The first must be your current or most recent employer and the second can be a personal reference.

|  |  |  |
| --- | --- | --- |
| Manager/Referees Name Address | Employment Dates/ Job Title | Contact Number/Email |
| Name:  Address: | Dates: | Tel: |
| Job Title: | Email: |
| Name:  Address: | Dates: | Tel: |
| Job Title | Email: |

Please Turn Over

**Application Questions**

1. Are you related to any Councillor or member of staff for this Council?

□No □Yes - Please provide details below.

2. Do you live in the borough? □No □Yes

3. Are you planning to move to the borough? □No □Yes

4. We are a ‘Disability Confident’ employer who offers a guaranteed interview to disabled applicants who meet the minimum criteria for a job vacancy. If this applies to you and you wish to apply under such criteria, please let us know by ticking Yes. All other applicants must tick No □No □Yes

5. **Please describe your previous experience of providing care and support to someone in need.**

6. **Please describe the skills and values that make you the right person for this position.**

7. **Describe a time when you worked as part of a team to achieve a difficult task. How did you work others to prioritize and complete the necessary work.**

8. **Please explain how you would support our residents to maintain their independence and dignity when your are providing support to them.**