**Support Giver/Enabler/ Support Worker**

**Application Form Redcroft Enablers**

Name:……………………………………………………………

Address with postcode …………………………………………………………………………….

Email: ……………………………………………………………………………………………

Telephone number (home)………………………………………………..

 (mobile)………………………………………………

Date of Birth……………………………………………… Height…………..

National Insurance number………………………………………………..

Name, place, date of Secondary Education ..................................................................................................

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Further Education/Training Qualifications/ Relevant experience

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Please state **any** present or past illnesses or disabilities which have affected your attendance at work. Give dates and length of absence.

……………………………………………………………………………………………………………

What are your interests and hobbies?

………………………………………………………………………………………………………

Do you have your own transport? Yes/No

How long have you been driving? …………………….

Has your driving licence ever been endorsed? Yes/No If yes, please give brief details……........

……………………………………………………………………………………………………………

What would you bring to this position?

Do you have a criminal record? Yes/No

As this job is not covered by the rehabilitation act 1974 (exemptions) please write down any details of any criminal convictions you have had or any which are pending against you?

………………………….…………………………………………………………......................................

…………………………………………………………………………………………................................

Signature: ………………………………. **(this must be signed in all cases)**

Are you able to work all the shifts? Yes / No

Can you do sleepovers? Yes / No

Would you be able to take on more hours to cover for holidays, illness or meetings? Yes / No

When would you be able to start work? …………………………………………………………………

Please give the name, address and telephone number of two (2) people who can be contacted to provide references (e.g. employer, previous employer, professionals who know you – not friends or relatives).

**Declaration**:-I declare that the facts stated are true and nothing has been omitted that would affect this application.

Signature …………………………………..

Date …………………………………