



Application Form

Post Applied For:	Support Worker
Reference Number:	TSS/2026
Closing Date:	N/A

IF YOU HAVE NOT HEARD BACK, YOU SHOULD ASSUME THAT YOUR APPLICATION HAS BEEN UNSUCCESSFUL

1. Personal Details

Full Name:	
Home Address:	
Phone Number (Work):	
Phone Number (Home):	
Mobile Number (Personal):	
Email Address:	
Place of Birth:	
National Insurance Number:	
Share Code (If Applicable):	

IF YOU REQUIRE A PERMIT TO WORK IN THE UK, ENSURE YOU PROVIDE YOUR SHARE CODE IN THE TABLE ABOVE

<i>Five-Year Address History</i>		
<i>Address</i>	<i>From (Mth/Year)</i>	<i>To (Mth/Year)</i>

2. Current or Most Recent Employment

Name of Employer:	
Address:	
Telephone:	
Notice Required:	
Your Job Role:	
Date Appointed:	
Grade:	
Salary/Wages:	

Please Briefly Describe Your Main Duties

- *E.g. Identifying risks and utilising knowledge by generating thorough risk reports; following company policy for risk reporting procedures, etc.*

3. Previous Employment

START WITH YOUR MOST RECENT JOB. ENSURE TO INCLUDE PERIODS OF BOTH EMPLOYMENT AND UNEMPLOYMENT. IF POSSIBLE, THIS SHOULD DATE BACK TO SCHOOL AND CONTAIN HISTORY UP UNTIL TODAY'S DATE

<i>Organisation Name</i>	<i>Address</i>	<i>Job Title</i>	<i>From (Mth/Year)</i>	<i>To (Mth/Year)</i>
<i>e.g. Teen Support Services</i>	<i>Nottingham City Centre, NGX XXX</i>	<i>Support Worker</i>	<i>03/2019</i>	<i>12/2023</i>

4. Relevant Education, Qualifications, and Training

<i>School, College, or University Name</i>	<i>Address</i>	<i>Course Title and Grade</i>	<i>From (Mth/Year)</i>	<i>To (Mth/Year)</i>
<i>e.g. Nottingham Trent University</i>	<i>City Centre Campus, NGX XXX</i>	<i>BSc Psychology – 2:1</i>	<i>03/2018</i>	<i>06/2020</i>

5. Supporting Statement

DRAWING UPON YOUR EXPERIENCE, KNOWLEDGE, SKILLS AND ABILITIES, EXPLAIN HOW YOU FULFIL THE REQUIREMENTS SET OUT IN THE PERSON SPECIFICATION. EXPERIENCE MAY HAVE BEEN GAINED THROUGH PAID OR VOLUNTARY WORK OR IN THE HOME

6. References

PLEASE PROVIDE TWO REFERENCES WHO CAN VERIFY YOUR EMPLOYMENT RECORD. ONE MUST BE YOUR PRESENT/MOST RECENT EMPLOYER. IF YOU HAVE NOT BEEN IN PAID EMPLOYMENT, PLEASE GIVE THE HEAD OF EDUCATION OR TRAINING ESTABLISHMENT AND/OR THE MANAGER OF A VOLUNTARY GROUP FOR WHOM YOU HAVE WORKED

<i>Referee Details: A</i>		<i>Referee Details: B</i>	
<i>Name:</i>		<i>Name:</i>	
<i>Position:</i>		<i>Position:</i>	
<i>Business Name:</i>		<i>Business Name:</i>	
<i>Business Address:</i>		<i>Business Address:</i>	
<i>Contact Number:</i>		<i>Contact Number:</i>	
<i>Email Address:</i>		<i>Email Address:</i>	
<i>Relationship to Applicant:</i>		<i>Relationship to Applicant:</i>	

<i>Do you give us consent to contact your referee's to prior to any interviews?</i>	YES/NO
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7. Criminal Convictions

<i>Have you ever been convicted of a criminal offence, or are you at present the subject of criminal charges (this includes police cautions)?</i>	YES/NO
<i>If Yes, Please Give Details Below</i>	

8. Declaration

If you omit information that we have asked for, we may not be able to consider your application. If you are appointed to the post, any omission or inaccurate information relevant to your application could lead to disciplinary or in some circumstances legal action against you.

I confirm that to the best of my knowledge, the information given on this form is true and accurate and I have not omitted any facts which may have a bearing on my application.

Signed:..... Date:.....

9. Equal Opportunities Monitoring

Teen Support Services Limited wishes to ensure there is genuine equality of opportunity in employment. We collect the following information to monitor the success of our equality initiatives. The panel making the appointment will not see this information.

<i>Post Applied For:</i>	Support Worker
<i>Ref No:</i>	TSS/2026
<i>Last Name:</i>	
<i>Initials:</i>	
<i>Date of Birth:</i>	
<i>Where Did You See This Post Advertised?</i>	

10. About You

<i>What is your gender?</i>	<i>e.g. Male, Female, etc.</i>																						
<i>Do you consider yourself to have disabilities?</i>	YES/NO																						
<i>If yes, does your disability have a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities?</i>	<i>If YES, please give details below</i>																						
<i>Long term effects are effects which have lasted at least 12 months or more. The disability could be physical, sensory or mental but must be substantial.</i>																							
<i>What is your ethnic origin?</i> <i>(Place an X in the correct box)</i>	<table border="1"> <tr><td><i>White</i></td><td></td></tr> <tr><td><i>Irish</i></td><td></td></tr> <tr><td><i>Bangladeshi</i></td><td></td></tr> <tr><td><i>Pakistani</i></td><td></td></tr> <tr><td><i>Asian</i></td><td></td></tr> <tr><td><i>Indian (Incl. E African)</i></td><td></td></tr> <tr><td><i>Black African</i></td><td></td></tr> <tr><td><i>Black Caribbean</i></td><td></td></tr> <tr><td><i>Black Other</i></td><td></td></tr> <tr><td><i>Chinese</i></td><td></td></tr> <tr><td><i>Other (Please Specify)</i></td><td></td></tr> </table>	<i>White</i>		<i>Irish</i>		<i>Bangladeshi</i>		<i>Pakistani</i>		<i>Asian</i>		<i>Indian (Incl. E African)</i>		<i>Black African</i>		<i>Black Caribbean</i>		<i>Black Other</i>		<i>Chinese</i>		<i>Other (Please Specify)</i>	
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PLEASE RETURN THE COMPLETE APPLICATION FORM TO:
admin@teensupportservices.co.uk

THANK YOU