

398 Liverpool Road

Great Sankey

Warrington

WA5 1RG

hummingbirdhomecare@outlook.com

Dear Applicant

Thank you for your enquiry regarding the post SUPPORT WORKER. I am enclosing an application form together with a job description and a personnel specification.

Please ensure that when returning the application form that you have filled in all parts of the application form leaving no gaps; in addition please supply the names of three people who are willing to act as your referees, one of them must be your current/previous employer or educational institute. In the event that you are short listed for an interview, please ensure that you bring with you some form of identification.

The possession/use of a mobile phone is an essential requirement for this post, in order for the Office to be able to contact you, and for emergency purposes.

When you have completed the application form could you please return it to Hummingbird's post addresses or email. Ensure to provide documentary proof of any material claim you may have made on your application form. For example, qualifications, training, etc.

DOCUMENTS TO ACCOMPANY YOU TO INTERVIEW.

- ✚ Passport or Home Office Documents
- ✚ Any utility bill showing your name and address
- ✚ One passport sized photograph
- ✚ Your National Insurance Number card
- ✚ Certificate(s) indicating your qualifications in the care industry if any
- ✚ Certificate(s) of training if any
- ✚ Current DBS certificate if any have one

Thank you for your interest in becoming a support worker for Hummingbird, I look forward to hearing from you soon.

Yours faithfully

Hannah Donaldson

Director/Registered manager



Support Worker Application Form

The completion of this application form is compulsory in order to be considered for an interview with Hummingbird Home Care Limited. This application will be reviewed and a decision made as to whether to offer you an interview.

PLEASE COMPLETE FULLY AND IN CAPITALS AND BLACK INK OR TYPED.

Position applied for:	
Approx. no. of hours wanted:	
Full-time / part-time (please indicate which you want to work)	Days/ Nights/Mornings/Afternoons/Evenings/ Weekends only
Surname:	First name(s):
Previous surnames (Supply documentary evidence e.g. marriage certificate, deed of name change etc):	
Date of Birth:	Gender:
Current address:	
Post code:	Moved to this address on (date):
Previous address Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, use another sheet of paper.	
Post code:	Moved to this address on (date):
Telephone number (home): Mobile Number:	Telephone number (work - <i>will be used with discretion</i>):
Own Transport (Yes/No): How long has your licence been held? Does your car insurance cover you for business use: (Yes/No)	Clean current driving licence (Yes/No): Endorsements:
DBS Are you registered with the online DBS update service? (Yes/No)	

EDUCATION

School/College/University	Examinations Passed/Qualifications Gained
	<i>(Please supply copies of certificates)</i>

TRAINING HISTORY/PROFESSIONAL STATUS

Date Of Graduation Qualification	Location/Details	Notes
	<i>(Please supply copies of certificates/membership details)</i>	

ADDITIONAL COURSES ATTENDED

Subjects	Location	Date

WHY DO YOU WANT TO APPLY FOR THE SUPPORT WORKER ROLE?

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WHAT SKILLS AND EXPERIENCE DO YOU HAVE WHICH YOU FEEL WILL MAKE YOU A SUITABLE SUPPORT WORKER?

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EMPLOYMENT HISTORY

Current/most recent first. Information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

Name and address of your most recent/last employer:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of employer prior to the employer listed	
Date employed:	
Nature of business:	

Position held and reason for leaving:	
Salary / Rate:	
Name and address of employer prior to the employer listed above:	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of employer prior to the employer listed above	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of employer prior to the employer listed above	
Date employed:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of employer prior to the employer listed above	
Date employed:	
Nature of business	
Position held and reason for leaving:	
Salary / Rate:	
Please continue on separate sheet, if additional employment.	

ASSISTANCE WITH INTERVIEW AND ASSESSMENT

Do you require us to make any special arrangements in order for you to participate in the recruitment process? For example, large print forms? Or additional time to complete forms?

Yes / No

If yes, please give details:

This information will not be used in reaching a decision on whether to offer employment.

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Full name:	
Relationship:	
Tel no:	
Address:	

IDENTITY DETAILS

National Insurance Number:	
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