



**The Appropriate  
Adult Service Ltd.**

<b>PLEASE COMPLETE IN BLOCK CAPITALS AND IN BLACK INK</b>		
SURNAME (BLOCK LETTERS) .....		TITLE.....
FORENAMES (IN FULL) .....		
ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN .....		
DATES USED.....		
PLACE OF BIRTH .....		NATIONALITY.....
NATIONAL INSURANCE NUMBER.....	DATE OF BIRTH.....	AGE.....
DO YOU REQUIRE A WORK PERMIT TO TAKE UP EMPLOYMENT IN THE U.K.    YES    NO		
<b>CONTACT DETAILS:</b>		
EMAIL.....		
HOME.....	WORK.....	MOBILE.....
PERMANENT ADDRESS (BLOCK LETTERS) ..... ..... ..... ..... .....		
POSTCODE.....		
HOW LONG HAVE YOU LIVED AT THIS ADDRESS? .....		
FROM DATE..... TO DATE.....		

IF LESS THAN FIVE YEARS AT CURRENT ADDRESS PLEASE GIVE DETAILS OF FORMER ADDRESS (please provide full address details for the last 5 years) :.....

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POSTCODE.....

FROM DATE..... TO DATE.....

PLEASE USE ANOTHER SHEET IF REQUIRED

ARE YOU REGISTERED DISABLED OR SUFFER FROM ANY MEDICAL CONDITION WHICH MAY AFFECT YOUR ABILITY TO CARRY OUT THE DUTIES OF CONTACT SUPERVISOR? YES/NO (If yes please give details, this will not necessarily affect your application)

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**EDUCATION & QUALIFICATIONS**

Please provide information about any formal qualifications held, or relevant training courses attended

Qualification / Course	Awarding Body	Date
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**EMPLOYMENT HISTORY**

**Present Employment**

**Job Title:**

**Current Salary:**

**Current Scale (if applicable):**

**Employed from:**

**Employer:**

**Address:**

**Employed To:**

**Please give a brief description of current duties, responsibilities and achievements**

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**EMPLOYMENT HISTORY.**

WE REQUIRE A FULL EMPLOYMENT HISTORY. ANY GAPS MUST BE ACCOUNTED FOR.

<b>Name of Employer</b> <i>(Please provide address and telephone contact details)</i>	<b>Dates (mm/yyyy)</b>		<b>Job Title and main responsibilities</b>	<b>Salary / Grade</b>	<b>Reason for Leaving</b>
	<b>From</b>	<b>To</b>			

PLEASE NOTE WE WILL CONTACT YOUR PRESENT EMPLOYER AS A REFERENCE PRIOR TO MAKING A HIRING DECISION

WHY DO YOU WISH TO BE A CONTACT SUPERVISOR?

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HOW DID YOU LEARN ABOUT THE APPROPRIATE ADULT SERVICE?

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HAVING READ THE INFORMATION SENT WITH THIS APPLICATION FORM, WHAT SKILLS, EXPERIENCE AND QUALITIES DO YOU FEEL YOU WOULD BRING IF YOU WERE APPOINTED

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HAVE YOU EVER BEEN CAUTIONED OR CONVICTED OF **ANY** CRIMINAL OFFENCE OR ARE YOU CURRENTLY THE SUBJECT OF ANY POLICE INVESTIGATION OR PROSECUTION? YOU MUST DECLARE ALL CAUTIONS OR CONVICTIONS, INCLUDING SPENT CONVICTIONS, AS THE REHABILITATION OF OFFENDERS ACT DOES NOT APPLY TO THIS APPLICATION. CRIMINAL OFFENCES INCLUDE TRAFFIC MATTERS (EXCEPT PARKING).

\*YES / NO.....

\*IF YES, PLEASE GIVE DETAILS BELOW. THE COMPLETION OF THIS QUESTION AND PROVISION OF THIS INFORMATION IS A REQUIREMENT IN ALL APPLICATIONS BUT MAY NOT NECESSARILY AFFECT YOUR APPLICATION OR DISQUALIFY YOU FROM BECOMING CONTACT SUPERVISOR.

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DO YOU HAVE A FULL AND CURRENT DRIVING LICENCE? YES / NO

PLEASE PROVIDE YOUR LICENCE NUMBER: .....

PLEASE USE THIS SPACE TO PROVIDE DETAILS ABOUT ANY GAPS IN YOUR EMPLOYMENT OR ANY RELEVANT NON WORK RELATED HISTORY (please feel free to add any additional information you consider may be relevant to this post)

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PLEASE GIVE DETAILS, INCLUDING INITIALS AND CORRECT FORM OF ADDRESS, OF TWO REFEREES, NOT RELATED TO YOU, WHO HAVE AGREED TO SUPPORT YOUR APPLICATION. ONE MAY BE PERSONAL, THE OTHER SHOULD BE A CURRENT EMPLOYER.

(PLEASE USE BLOCK LETTERS)

NAME.....

ADDRESS

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POSTCODE.....

NAME.....

ADDRESS

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POSTCODE.....

OCCUPATION .....

PHONE .....

OCCUPATION .....

PHONE .....

**DECLARATION**

FOR THE PURPOSES OF THE DATA PROTECTION ACT 1998, I CONSENT TO THE INFORMATION CONTAINED IN THIS FORM, AND ANY INFORMATION RECEIVED BY OR ON BEHALF OF THE APPROPRIATE ADULT SERVICE LIMITED RELATING TO THE SUBJECT MATTER OF THIS FORM, BEING PROCESSED BY THEM IN ADMINISTERING THE RECRUITMENT PROCESS

I AGREE TO THE APPROPRIATE ADULT SERVICE LTD MAKING A POLICE CHECK IN CONNECTION WITH MY APPLICATION. I AGREE TO FUND THE COST OF THE ENHANCED CRB APPLICATION. I HAVE READ THE INFORMATION SUPPLIED TO ME CONCERNING THE DUTIES AND RESPONSIBILITIES OF A CONTACT SUPERVISOR AND WOULD BE PREPARED IF MY APPLICATION IS ACCEPTED TO ATTEND TRAINING SESSIONS AS NECESSARY AND COMPLETE THE APPROPRIATE UNDERTAKING IN RESPECT OF CONFIDENTIALITY.

I DECLARE THAT THE ALL THE INFORMATION I HAVE PROVIDED ON THIS FORM IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE NOT CANVASSED, DIRECTLY OR INDIRECTLY ANY MEMBER OF THE APPROPRIATE ADULT SERVICE MANAGEMENT TEAM, NOR WILL I DO SO.

**IT IS A CRIMINAL OFFENCE TO APPLY FOR A POSITION TO WORK WITH VULNERABLE PEOPLE IF YOU ARE BARRED FROM DOING SO.**

SIGNED.....

DATE.....

**WHEN COMPLETED PLEASE RETURN THIS FORM TO:**

THE APPROPRIATE ADULT SERVICE LTD, FARM OFFICE, BARNSTONES BUSINESS PARK, GRIMSCOTE ROAD, LITCHBOROUGH, TOWCESTER, NORTHAMPTONSHIRE. NN12 8JJ.

**PLEASE ENSURE THAT YOU HAVE COMPLETED EVERY QUESTION AND THAT YOU HAVE COMPLETED AN AVAILAITY SHEET FOR YOUR AREA. ONLY HANDWRITTEN APPLICATIONS WILL BE CONSIDERED.**