



## THE APPROPRIATE ADULT SERVICE LIMITED APPLICATION FORM

<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) :.....

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 AN APPROPRIATE ADULT? YES/NO (If yes please give details, this will not necessarily affect your application)

**EDUCATION & QUALIFICATIONS**

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

Qualification / Course	Awarding Body	Date
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**EMPLOYMENT HISTORY**

JOB TITLE : ..... SALARY.....

DATES EMPLOYED: FROM..... TO.....

NAME & ADDRESS OF EMPLOYER

MAY WE CONTACT YOUR PRESENT EMPLOYER AS A REFERENCE PRIOR TO MAKING A HIRING DECISION?

YES NO

PREVIOUS EMPLOYMENT

JOB TITLE : ..... SALARY.....

DATES EMPLOYED: FROM..... TO.....

NAME & ADDRESS OF EMPLOYER

.....  
.....  
.....

MAY WE CONTACT YOUR FORMER EMPLOYER AS A REFERENCE PRIOR TO MAKING A HIRING DECISION?  
YES NO

WHY DO YOU WISH TO BE AN APPROPRIATE ADULT / REPARATION SUPERVISOR?

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HOW DID YOU LEARN ABOUT THE APPROPRIATE ADULT SERVICE?

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.....  
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HAVE YOU EVER BEEN AN APPROPRIATE ADULT / REPARATION SUPERVISOR BEFORE OR CARRIED OUT A SIMILAR ROLE OR WORKED WITH VULNERABLE ADULT AND/OR YOUNG PEOPLE? – IF YES PLEASE GIVE DETAILS

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PLEASE LIST UP ALL POLICE STATIONS/ AREAS WHICH YOU WOULD BE WILLING/ABLE TO VISIT IF SELECTED (**PLEASE SEE LIST OF AREAS COVERED**)

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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, 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 AN APPROPRIATE ADULT.

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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 (PLEASE USE BLOCK LETTERS)

NAME.....

ADDRESS

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.....  
.....  
.....

POSTCODE.....

NAME.....

ADDRESS

.....  
.....  
.....  
.....

POSTCODE.....

OCCUPATION .....

PHONE .....

OCCUPATION .....

PHONE .....

**DECLARATION**

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 AN APPROPRIATE ADULT 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 INFORMATION I HAVE PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

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.**