

Application Form

Post: Personal Assistant

Job Ref:

Please complete this form in black ink and using BLOCK CAPITAL LETTERS

Personal Details:

Full Name:
Address:
Postcode:
Contact Telephone Number:

Your Gender: **Male** **Female**
 Date of Birth (optional): / /

Do you hold a current Driving Licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have access to a car?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any driving convictions or endorsements?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you would like us to keep your details on file for any future vacancies, Please tick
(Details will be kept on file for 6 months)

Location:

Please tick the areas in Lambeth where you prefer to work:

Streatham **Norwood** **Clapham** **Brixton**

Stockwell / Vauxhall **Kennington** **Waterloo**

Any area in Lambeth

Experience contd.:

- **Ability to take responsibility.**

- **Able to show initiative and work on own but also prepared to work under the guidance of the person you are supporting**

- **Commitment to equal opportunities.**

- **Have you experience of working with the following client groups, if so please tick the relevant box/boxes:**

- Autism**
- Learning Disabilities**
- Physical Disabilities**
- Older Persons**
- Mental Health Service Users/ Survivors**
- Children**
- Other (please specify):**

Please show the hours and times you are available to work by ticking the boxes below

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Mornings							
Afternoons							
Evenings							
Sleepovers							

Are you able to respond to "CRISIS" call outs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you able to do extra hours if necessary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Employment History

Please give details of your previous employment starting with the most recent job

Name and Address of Employer	Dates: Start - Finish	Job title:

Please use this space to provide any other information relevant to this post.

When is the earliest date you will be able to start work? / /

Please provide the name and contact details of two referees [one personal, one professional]

Professional	Personal
Name:	Name:
Address:	Address:
Contact Numbers:	Contact Numbers:

PREVIOUS CONVICTIONS

This post is subject to the Rehabilitation Offenders Act 1974 [Exceptions Order 1975] and therefore prospective employees are required to give information about any convictions, including those, which for other purposes are spent. In case of employment, any failure to disclose such convictions could result in dismissal. Information given is confidential and will only be considered for the purposes of this application.

Do you have any past or present convictions? Yes: No:

DECLARATION:

If you give information which you know is false, this may lead to your application being rejected, or if appointed, to your dismissal.

I declare that the information I have given is to the best of my knowledge true and correct.

Signature:

Date: / /

Please return your completed forms to:

**Direct Payments Project
Disability Advice Service Lambeth
336 Brixton Road
London SW9 7AA**