 CARERS SUPPORT CENTRE (BRISTOL AND SOUTH GLOS)

**Vassall Centre, Gill Avenue, Fishponds, Bristol BS16 2QQ**

Name of Post applied for Hospital Carer Liaison Worker

**Notes**

1. To apply for a post with the Carers Centre you must fill in and return this form. **CVs will not be accepted** and any application made this way will be void. Please complete this form fully. All the information requested is needed both so that we can appoint the most suitable candidate, and to safeguard the children and vulnerable adults we work with. **Post holders may be required to undertake a Disclosure and Barring Scheme check and will need to produce evidence of their eligibility to work in the UK.** This post is exempt from the Rehabilitation of Offenders Act, all convictions must be listed, as requested. In order to safeguard our service users, please note that we will terminate the employment of or withdraw offer of employment from anyone found to have failed to declare a conviction, caution or pending police action or having been subject to police investigation.

2. Before shortlisting, the information on the first two pages is removed to ensure you are assessed solely on your ability to compete for the post for which you have applied.

3. Please take the opportunity to say anything you feel will support your application. Your application will be assessed against the person specification for the post, please make sure you read this and show how your experience is relevant.

**Section 1 : Personal Details**

|  |  |
| --- | --- |
| **Full name & address (including postcode)**  Full Name:  Address:  Post Code: | **Contact details:**  Home Tel No:  Mobile Tel No:  Email: |

Do you hold a current full driving licence? 🞏 Yes 🞏 No

# Section 2 : References

Please give the names of two referees, one of whom should be your current or most recent employer. ***Please note: references will be taken up only after interview.***

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | |
| Name & Co |  | |
| Address (inc post code |  | |
| Tel no & Email |  |  |
| Relationship to you |  | |

|  |  |  |
| --- | --- | --- |
|  | Referee 2 | |
| Name & Co |  | |
| Address (inc post code |  | |
| Tel no & Email |  |  |
| Relationship to you |  | |

**Section 3**

Because of the nature of the post for which you are applying, please list all convictions, cautions, pending police action or any police investigation you have been subject to. In the event of you being employed in this post, failure to disclose any information requested will result in dismissal.

|  |  |
| --- | --- |
| Have you ever been convicted of any court offence/been cautioned,  or are you subject to any pending police action or investigation? | 🞏 Yes 🞏 No |

If yes, please provide details of offence, date, and sentence in a separate, sealed envelope which will subsequently be returned to you. It will only be opened if you are considered for appointment (depending on the nature of the offence and when it happened you may or may not be disqualified). Alternatively you can email the information to us if you feel it appropriate.

Please **do not** put details on this form. Such information will be confidential to the appointment panel.

|  |  |
| --- | --- |
| Are you currently on the Independent Safeguarding Adults (ISA) register –  if so please give your register number. | 🞏 Yes 🞏 No |

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# Section 4: Declaration

|  |  |
| --- | --- |
| Are you subject to immigration control? | 🞏 Yes 🞏 No |
| Are you free to take up employment in the UK? | 🞏 Yes 🞏 No |

**You should only sign this once you have completed all sections and have evidence of your eligibility to work in the UK.** If any information recorded here is subsequently found to be untrue or inaccurate any employment contract may be invalidated and the employee subject to disciplinary action or dismissal.

Application forms for unsuccessful applicants will be held on file for one month to enable us to give feedback, after this time they will be destroyed.

I declare that to the best of my knowledge and belief the information given on this application form is true and correct and that I am eligible to work in the UK.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Dated: |  |

**Note:**

Please remember to complete and email/post the separate equal opportunities monitoring form (available from our website). **Section 5 : Education, Training, Courses and Qualifications**

Please include details of all education and relevant training, starting with the most recent first. (Please insert additional lines as necessary.)

|  |  |
| --- | --- |
| Dates from - to | Qualifications obtained |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |

**Section 6: Employment history**

Please begin with your current or most recent employment. Please include details of any relevant voluntary work. Please fill this in to the nearest month. Please show any gaps and provide a brief description of what you were doing during that time.

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address of employer / voluntary organisation | Dates employed from - to | Position held and main duties | Reason for leaving |
|  |  |  |  |
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**Section 7: Further Information**

Please complete each section below giving evidence of your skills/experience in each area. (Please continue on a separate sheet if necessary.

Essential Criteria

• Knowledge and understanding of carers needs and issues

• Understanding of issues currently affecting the health and social care sector.

• Experience of providing support and advocacy to individuals

• Experience of working within a hospital setting

• Experience of working and achieving change in a multi-agency environment

• Experience of networking and engaging with a range of different professionals and at different levels of the organisation

• IT literate – a good working knowledge of Microsoft Office suite of programs and ability to self-serve in administrative tasks

• Demonstrable ability to managing own workload, using initiative and using IT creatively finding ways to monitor and report on the full range of the work

• Excellent written and verbal communication skills

• Excellent listening skills

Other

• A commitment to, and an ability to work in accordance with Diversity and Equal Opportunities Policies

• Ability to effectively fulfil the travel requirements of the post

Desirable

• Experience of developing and delivering training / presentations

• Experience of patient participation and involvement in health care

**Carers Support Centre (CSC) Equal Opportunities Form**

|  |  |
| --- | --- |
| Post applied for | Where did you see the post advertised (please be as specific as you can)? |

CSC is committed to the policy and practice of equal opportunities. All information requested is required in line with the Equality Act (2005), and is gathered anonymously and will held in strict confidence. *Your monitoring form will not be seen by the shortlist/interview panel. It is separated from your application form on receipt.*

For monitoring purposes only we would be grateful if you could help by completing this form to provide us with information about who is applying for our posts to help us develop policies. **Please choose the relevant answers below to identify which option relates to you**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age Group** | |  |  | **Gender** | |  |  | **Maternity/pregnancy** | |  |
| I am | 18-24 |  |  | I am | Male |  |  | I am | Pregnant |  |
|  | 25-34 |  |  |  | Female |  |  |  | Not pregnant |  |
|  | 35-44 |  |  | Prefer not to answer. | |  |  | Prefer not to answer. | |  |
|  | 45-54 |  |  |  | |  |  |  | |  |
|  | 55-64 |  |  | **Transgender** | |  |  | **Sexual Orientation** | |  |
|  | 65-74 |  |  | I am | Yes |  |  | I am | Heterosexual |  |
|  | 75-84 |  |  |  | No |  |  |  | Lesbian/Gay |  |
|  | 84+ |  |  | Prefer not to answer. | |  |  |  | Bisexual |  |
| Prefer not to answer. | |  |  |  |  |  |  | Prefer not to answer. | |  |

Disability – The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Disability** | Do you consider yourself disabled? | Yes |  | No |  | Prefer not to ans. |  |
| Please give details of disability (ie sensory impairment, physical disability etc) | | | | | | | |

Please give details of any religion (or state no religion)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethnicity** | **White** | British |  | Irish/Scottish |  | Gypsy/traveller | |  |
|  | Other |  |  | | | | |
| **Mixed** | White & Black |  | White & Black Caribbean |  | White & Asian | |  |
| Other |  |  |  |  | |
| **Asian/British** | Indian |  | Pakistani |  | Bangladeshi | |  |
|  | Other |  |  | | | | |
| **Black/British** | Caribbean |  | African/ Somalian |  | Other | |  |
| **Other** | Chinese |  | Other |  | No Ans. | |  |

**Thank you for completing this form**