



To provide additional information, you may attach your Curriculum Vitae to the application form.
 All information provided on this application form will be processed in accordance with Jersey's Data Protection Legislation which protects your privacy and access rights.

Care Assistant Induction Training Application Form

1. PERSONAL DETAILS (Please complete in BLOCK LETTERS.)

Surname:	Forename(s):
	Preferred name:
Preferred title for reply e.g.: Mr/Mrs/Miss/Ms	
Contact Address:	
Post Code:	
Tel. No. (Home):	Tel. No. (Work):
Tel. Mobile:	Email address:
Do you possess 'Entitled for work' status: Yes/No	
How long have you been continuously resident in the Island?	

2(a). EDUCATIONAL/PROFESSIONAL QUALIFICATIONS

Secondary Education

Please provide details of level of education/exam qualifications	Grade	Year taken

Further Education

Course, e.g.: GNVQ / QCF/ Diploma/Degree or equivalent	Dates From/To	Course Title	Standard Attained

Professional/Technical/Special Training/Languages

Please provide details. (Continue on a separate sheet if necessary)

Do not send examination certificates with this application. However, you may be asked to produce them later.

Qualifications/Course	Dates:

3(a). TRAINING AND DEVELOPMENT

Please give a concise account of any training and development relevant to your application. (This may be in a role outside of employment, e.g. voluntary work.)

3(b). ADDITIONAL INFORMATION

Please give a brief account of any particular experience/knowledge/skills or competencies you have, which you consider would be especially useful in the post for which you are applying. (Continue on a separate sheet if necessary.)

4. DRIVING LICENCE

Do you hold a current driving licence? YES / NO

Please supply names and contact details for 2 Character References:

1)

2)

Do you consent to references being requested in the event of your application being successful? Yes/No

Acceptance on to the training course will be subject to a satisfactory Disclosure & Barring Service Certificate.

DECLARATION

I hereby declare that the details shown are correct and complete to the best of my belief. I understand that any false statements or the withholding of any relevant information may provide grounds for rejection of my application, or termination of my training contract subject to the Data Protection (Jersey) Law 2018.

Applicant's signature:Print name:.....

Date:

PLEASE RETURN COMPLETED FORM TO *admin@jcf.je*