

**CASS**

**Community Access Support Services Limited**

**PERSONAL ASSISTANT – Community Support**

**Application Form - Additional Information**

Surname: Title (Mr/Mrs/Ms/Miss/etc):

Forenames:

|  |  |
| --- | --- |
| **Within the nature of work for which you are applying, this position is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1975 (Exemptions Order). Applicants are therefore not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of this Act. In the event 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 and to request a DBS (Disclosure and Barring Service) check. If there is any such information you should supply it below.** | |
| Do you have any past and/or present convictions for criminal offences? If so, please provide full details:          **Please sign to confirm all details with regard to past and/or present convictions have been declared:** | |
| Signed: | Dated: |

|  |  |
| --- | --- |
| **Relevant DBS Clearance**  Do you have a current DBS certificate? YES/NO If yes, please supply the details below: | |
| Certificate No: | Issued by: |
| Date of Issue: | Date of Birth: |
| We require a current **Enhanced** DBS certificate that enables you to work with **Vulnerable Adults** that we are able to obtain confirmation of online with your permission. If you do not have a current certificate CASS will carry out a check that you will be asked to update annually.  **Please sign to confirm we may carry out the online check (if applicable) and that you understand the continuation of your DBS clearance is your responsibility:** | |
| Signed: | Dated: |

Community Access Support Services Limited. Registered in England – Company Number: 09725354