

KENYLINK SERVICES LTD.

Office 18/27 Kirkcaldy Business Incubator.
Myregormie Place Kirkcaldy KY1 3NA

Post: **Care-Assistant**

APPLICATION FORM

Please complete this form fully using black ink or type and return to the above address.
THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Please Indicate the location of the post you wish to be considered for

- **Kirkcaldy**
- **Dunfermline**

PERSONAL DETAILS

Surname:

First Name:

Address:

City:

Postcode:

Date of Birth:

Phone : Mobile ...

Other...

Email address:

Next of Kin {NOK}

Contact {NOK}

National Insurance No:

SSSC Registration

Yes

No

Do you need a work permit to work in the UK?

Yes

No

Do you hold a current full UK Driving Licence?

Yes

No

Do you have own car transport?

Yes

No

How many hours per week do you intend to work?

<20

20-30

>30

EMPLOYMENT HISTORY:

Present or Most Recent Employment

Current pay:(£ pa or £ pm or £ per hr) £

Name of Employer:

Address:

Postcode:

Post Held:

Period of Employment: From:

To:

Brief description of duties:

01592 651 650

Email: info@kenylinkcare.co.uk

Website: www.kenylinkcare.co.uk

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Continue on a separate sheet if necessary

Reason for leaving

Previous Employment:

1. Name of Employer:

Address:

Postcode

Post Title:

Period of Employment:

From:

To:

Summary of duties:

Reason for leaving:

2. Name of Employer:

Address:

Postcode

Position Held:

Period of Employment:

From:

To:

Summary of duties:

Reason for leaving:

3. Other employers

Continue on a separate sheet if necessary

EDUCATION

Qualifications obtained from Schools, Colleges and Universities/ SVQ, Nursing etc.

1. Qualifications/ grades/Year

Continue on a separate sheet if necessary

REHABILITATION OF OFFENDERS Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offender's act 1974?

Yes

No

If **yes**, please give details / dates of offence(s) and sentence:

Continue on a separate sheet if necessary

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CONVICTIONS/OFFENCES

The following information will be required before any appointment can be confirmed.

Have you ever been convicted of any criminal offence?

Yes **No**

Are you currently the subject of police investigation or do you have any prosecutions pending? **Yes** **No**

List below details of ALL charges, prosecution, convictions, cautions, even if they happened a long time ago.

.

Please note that disclosure of a conviction does not necessarily debar any applicant from obtaining employment. Failure to disclose a conviction can lead to failure to obtain employment or could lead to dismissal

CONSENT TO FOR DISCLOSURE/PVG CHECK

I understand that a criminal check must be carried out before my appointment can be confirmed. I am aware that spent convictions may be disclosed.

I declare that the information I have given is accurate and I consent to the check being made.

Signature: _____ **Date:** _____

DISABILITY DISCRIMINATION ACT

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

Do you have a disability which is relevant to your application?

Yes **No**

If yes, please give details:

REFEREES

Please give the names and addresses of your three most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1

Name: _____ Position (job title): _____

Work Relationship: _____ Organisation: _____

Address: _____ Postcode _____

Email: _____ Telephone No _____

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Reference 2

Name: Position (job title):
Work Relationship: Organisation:
Address: Postcode
Email:

Reference 3

Name: Position (job title):
Work Relationship: Organisation:
Address: Postcode
Email: Telephone No

DECLARATION

I hereby certify that: All the information given by me on this form is correct

Print Name:

Signed:

Date:

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Equal Opportunities Monitoring

We want to ensure that our job opportunities are open to all. The only way we can ensure there is equal opportunity is to measure applications we receive. Therefore this form asks you for your ethnic origin, gender, disability, religion, sexuality and age. .

1. You are:

Female ☐ Male ☐

2. Do you consider yourself to work:

Full time ☐ Part time ☐

3. Do you consider yourself, or have you ever considered yourself as transgender? This could include considering or intending to undergo gender reassignment surgery or not identifying with your assigned birth gender.

No ☐

Yes ☐

Prefer not to say ☐

4. What is your date of birth?

5. Do you have a physical or mental health condition or disability that has a substantial effect on your ability to carry out day to day activities or is expected to last 12 months or more?

No ☐ Yes ☐

If Yes, please describe here the nature of the disability and any special arrangements for interview / work location:

6. What is your ethnic group?

Choose one section from A to F, then tick the appropriate box to indicate your cultural background

A) White

Scottish ☐

Irish ☐

Other British ☐

Other White Background ☐

B) Mixed

Any mixed background ☐

C) Asian; Asian Scottish; Asian English; Asian .British:

Pakistani ☐

Indian ☐

Chinese ☐

Bangladeshi ☐

Other Asian background ☐

D) Black; Black Scottish; Black British

Caribbean ☐

African ☐

Other Black background ☐

E) other ethnic background

Any other background ☐

F) Prefer not to answer ☐

7. What is your religion?

A) Buddhism ☐

B) Christianity - Church of Scotland ☐

C) Hinduism ☐

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D) Judaism ☐ E) Islam ☐ F) Christianity - Roman Catholic ☐

G) Christianity (other) ☐ G) Sikhism ☐ H) Other faith / belief ☐

I) Prefer not to answer ☐

8. What is your sexual orientation?

A) Bi Sexual ☐

B) Lesbian/Gay Woman ☐

C) Heterosexual (straight) ☐

D) Gay Man ☐

E) Other ☐

F) Prefer not to answer ☐

9. What is your marital status?

A) Married ☐

B) Single ☐

C) Widowed ☐

D) Not married ☐

E) Other ☐

F) Separated ☐

G) Prefer not to answer ☐

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