

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 postal address or email it to info@kenylinkcare.co.uk

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

PERSONAL DETAILS

Surname:

First Name:

Address:

City:

Country:

Postcode:

Date of Birth:

Phone : Mobile ...

Other...

Email address:

Next of Kin {NOK}

Contact {NOK}

UK National Insurance No:

Scottish Social Services Council (SSSC) Registration Yes No

Do you hold a 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

Do you need a work permit to work in the UK? Yes No

What VISA do you have?..... VISA Expiry Date ?.....

EMPLOYMENT HISTORY:

Present or Most Recent Employment or volunteer activity

Name of Employer:

Address:

Postcode:

Post Held:

Period of Employment: From: To:

Brief description of duties: *(Continue on a separate sheet if necessary)*

Reason for leaving

01592 651 650

Email: info@kenylinkcare.co.uk

Website: www.kenylinkcare.co.uk

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Previous Employment:

1. Other employer or Volunteer activity

Address:

Postcode

Post Title:

Period of Employment:

From:

To:

Summary of duties:

Reason for leaving:

2. Other employer or Volunteer activity

Address:

Postcode

Position Held:

Period of Employment:

From:

To:

Summary of duties:

Reason for leaving:

3. Other employer or Volunteer activity *(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

CONVICTIONS/OFFENCES

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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.

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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.

GENDER:

Male Female Prefer not to say

AGE:

66+
56-65
46-55
36-45
26-35
25 & under Prefer not to say

ARE YOU MARRIED OR IN A CIVIL PARTNERSHIP?

Yes: No: Prefer not to say

DISABILITY:

Do you consider yourself to be a disabled person?
Yes: No: Prefer not to say

ETHNIC ORIGIN:

Which group do you identify with? Please tick one box. The options are listed alphabetically.

ASIAN OR ASIAN BRITISH

Bangladeshi
Chinese
Indian
Pakistani

Any Other Asian background (specify if you wish)

BLACK OR BLACK BRITISH

African
Caribbean

Any Other Black background (specify if you wish)

MIXED

Asian and White
Black African and White
Black Caribbean and White

Any other Mixed Ethnic Background (specify if you wish)

WHITE

White

ANY OTHER BACKGROUND

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Any other ethnic background (specify below if you wish)

Prefer not to say

SEXUAL ORIENTATION - Do you consider yourself to be:

- Bisexual
Gay man
Gay woman
Heterosexual

Other (Please state below)

Prefer not to say

RELIGION AND BELIEF - What is your religion?:

- None
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
Buddhist
Hindu
Jewish
Muslim
Sikh

Other (Please state below)

Prefer not to say

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