

Application Form

Post Applied For:

If this application form is printed then please return to the below address, if it is edited in PDF format then please attach and send to the email below.

Completed forms should be returned either:

By Post to:	JKL Care Services 194 Quarry Street Hamilton ML3 6QR
Or Emailed to:	Kieran@JKLcare.com

Important Notice, please read:

This service is committed to providing equality of opportunity in all applicants. We welcome all applications from people who feel they can carry out the required duties regardless of previous experience, in accordance with the Equality Act 2010.

Successful applicants will be asked to provide an appropriate Disclosure Scotland Certificate, detailing all criminal convictions against your name, as supplied on application from Disclosure Scotland.

In addition, the manager will request information from the Protection of Vulnerable Groups Scheme (PVG) to confirm that your name is not included on a list of people who are not considered suitable to work with vulnerable adults.

Disclosure information will not be used for any other purpose than in connection with this application and a criminal record will not necessarily be a bar to employment.

No offer of employment will be withdrawn without discussion with the applicant.

Prior to completing the application form please read the Recruitment Privacy Notice which explains how we will process your personal data.

Data Protection

Any data we gather will be used to assess your suitability for the role you have applied for and will be protected in accordance with the Data Protection Act 2018.

The information which you have supplied on this form will be processed and may be held on computer and will be held on your personal records file if you are appointed.

The information will also be used for equality monitoring and statistical purposes. By signing this application, you will be deemed to have given your consent to this, including information which may be sensitive and personal.

Section 1 – About You

Surname(s)	
Forename(s)	
Previous Name(s)	
Date of Birth	
National Insurance No.	
Current Address	
Postcode	
Date Moved into this Address (dd/mm/yy)	

Telephone Numbers

Home	
Work	
Mobile	
Email Address	

Do you hold a driving license?

Yes

No

If 'Yes', please provide details below

Driving License number	
Driving License Type	
Date of Expiry	

Residency

Have you resided outside the UK for a period of 12 months or more in the last 5 years (If yes please provide details below.)

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Section 2

This section is about us getting to know you, please attempt to fill in the boxes below stating any skills and experience you have that make you a suitable candidate for this role. We want to also understand your motivations to become a part of our team at JKL so please let us know why you are applying to us. Please answer each question however you feel relevant, either in short sentences, paragraphs or bullet points.

Q1. What care experience do you have?

Q2. What tasks do you expect to undertake working in Care?

Q3. What would you describe as good communication?

Q4. Give an example of a time you used your initiative at work or have shown leadership?

Q5. What are your strengths/achievements/hobbies?

Q6. Give examples of working as a team/problem solving.

Optional Q.7 Please use this box to add any additional information to your application that you feel is relevant.

Section 3 - Previous Employment

Previous or Most recent Employment

Name and Address (Including postcode and email)			
Nature of Business and Post Held			
Exact start date		Exact date left (if applicable)	
Reason For Leaving (if applicable)			
Period of Notice Required			

Previous Employment – Start with most recent

Name and Address (Including postcode and email)			
Nature of Business and Post Held			
Exact start date		Exact date left (if applicable)	
Reason For Leaving (if applicable)			
Period of Notice Required			

Previous Employment – Start with most recent

Name and Address (Including postcode and email)			
Nature of Business and Post Held			
Exact start date		Exact date left (if applicable)	
Reason For Leaving (if applicable)			
Period of Notice Required			

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Previous Employment – Start with most recent

Name and Address (Including postcode and email)			
Nature of Business and Post Held			
Exact start date		Exact date left (if applicable)	
Reason For Leaving (if applicable)			
Period of Notice Required			

Have you ever been or are you currently the subject of any internal or occupational misconduct or disciplinary investigation?
(If yes then please provide details below)

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Are you related to anyone who works here now or in the past?
(If "Yes", please give details below)

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Section 4 – Education

Tell us about any qualifications you have received from school/college/university/work training.

School/college/ University Name	Date attended (Start year – End Year)	Subject Name	Qualification Level	Grade Achieved

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Please describe any voluntary work you have done.

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References

Please provide us with the names of two people who can provide us with a reference as to your suitability for this post. The first one should be your present (or most recent) employer. You should tell us if this is not the case. Neither of the references will be contacted prior to an offer of employment being made.

Please provide below information on the references you wish to provide us with.

Company Name	
Name of reference	
Position Held	
Address of company (including postcode)	
Email	
Telephone no.	
Is this your current employer	
Are they related to you	

Reference 2

Company Name	
Name of reference	
Position Held	
Address of company (including postcode)	
Email	
Telephone no.	
Is this your current employer	
Are they related to you	

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Regulation 9, The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations requires that all employees who work in care at home are both physically and mentally fit to undertake their duties.

Please answer the following questions:

1. How many days were you absent from work due to sickness in the last year?	
2. Have you ever suffered from: Allergies, eczema, dermatitis or other skin troubles?	
3. Do you suffer from: Epilepsy, migraine, asthma, angina, heart trouble or any condition requiring long-term medical help or an ongoing programme of medication	
4. Have you ever suffered from: Mental illness including anxiety, stress, depression or nervous debility?	
5. Have you ever required treatment for: Hernia or rupture, rheumatism, back problems, slipped disc, sciatica or Repetitive Strain Injury (RSI)?	
6. Do you suffer from: Diabetes, ulcers, stomach or other intestinal disorders?	

If you have answered yes to any of the health questions on the previous page, please provide further details below.

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Declaration:

I confirm that I know of no reason, in relation to my physical and /or mental health why I would not be able to undertake the duties required for the post applied for.

Signed		Date	
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Declaration

I certify that I certify that the information given in this application is true and accurate to the best of my knowledge. I also understand that if I am appointed and information is subsequently found to be false, I might be dismissed.

Any deliberate false statement or omission in connection with my appointment may result in my application being rejected at any stage of the process.

Signed		Date	
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****Important****

Please make sure that you have signed and dated the Medical Health Questionnaire Form Above.

