

**Application for Employment Form**

**Form-004**

Job applied for: ..... Job ref: .....

Closing date: .....

Please return form to: *Name, Company, and Address*

We are committed to promoting the equality of opportunity and welcome applications from anyone who feels that they are able to carry out the duties, regardless of any previous experience.

**Please tell us about yourself**

Surname: .....

First name: .....

Other names: .....

Home address: .....

.....

..... Postcode: .....

Home tel. no: ..... Work tel. no: .....

May we ring you at work? YES / NO

Are you related to any present or former employees of the Company? YES / NO

How did you find out about this vacancy?

Please give us the details of two people who will provide us with a reference. One should normally be your current employer. If this is not the case, please tell us why not. We will not contact your employer before an interview, but we will contact them before appointment.

Name: ..... Position: ..... Agency: ..... Address: ..... ..... ..... Postcode: ..... Tel. no. work: ..... Tel. no. other: .....	Name: ..... Position: ..... Agency: ..... Address: ..... ..... ..... Postcode: ..... Tel. no. work: ..... Tel. no. other: .....
---	---

Form No: 004	<b>To be reviewed May 2022</b>	
Issue No: 1	Revision No: 0	Page 1 of 9
Contact Details	+44 7506-029929 +44 7446-342447 76b Craighour Drive, Edinburgh, EH17 7NT info@kincarehealthsolutions.com	

**Application for Employment Form**

**Form-004**

Is this your current employer? YES / NO	Is this your current employer? YES / NO
Are they related to you? YES / NO	Are they related to you? YES / NO

**Please tell us about your education and training**

Please tell us about your education. List any qualifications gained. Any further education.

School / College	From	To	Qualifications – include dates and grades

If you have undertaken any training or voluntary work to improve your employment prospects, please give details below:

Form No: 004	To be reviewed May 2022	
Issue No: 1	Revision No: 0	Page 2 of 9
Contact Details	+44 7506-029929 +44 7446-342447 76b Craigour Drive, Edinburgh, EH17 7NT info@kincarehealthsolutions.com	

**Please tell us about jobs you have had**

We need a total history of your employment. Start with your present, or most recent job first. If there are gaps in employment please tell us why e.g. unemployment, bringing up family etc.

Employer	Job title and description of duties	Salary / wages	From	To	Reason for leaving
----------	-------------------------------------	----------------	------	----	--------------------

Form No: 004	<b>To be reviewed May 2022</b>	
Issue No: 1	Revision No: 0	Page 3 of 9
Contact Details	+44 7506-029929 +44 7446-342447 76b Craighour Drive, Edinburgh, EH17 7NT info@kincarehealthsolutions.com	

**Application for Employment Form**

**Form-004**

--	--	--	--	--	--

**No approach will be made to your present employer before an offer of employment is made to you.**

**Do you need a work permit to work in the UK** YES / NO

**When can you start work with us? .....**

**Further information**

Form No: 004	To be reviewed May 2022	
Issue No: 1	Revision No: 0	Page 4 of 9
Contact Details	+44 7506-029929 +44 7446-342447 76b Craighour Drive, Edinburgh, EH17 7NT info@kincarehealthsolutions.com	

**Application for Employment Form**

**Form-004**

Please use this space to tell us about any other information that you feel will help your application, including any other skills you may have. Please feel free to continue on a separate sheet of paper if required.

**Do you consider yourself to have a disability** YES / NO

Please tell us if there are any reasonable adjustments we can make to assist you in your application or with our recruitment process.

Please tell us if there are any dates when you will not be available for interview

**I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in my dismissal.**

Signature: ..... Date: .....

Form No: 004	<b>To be reviewed May 2022</b>	
Issue No: 1	Revision No: 0	Page 5 of 9
Contact Details	+44 7506-029929 +44 7446-342447 76b Craighour Drive, Edinburgh, EH17 7NT info@kincarehealthsolutions.com	

**Health Questionnaire**

**Form-004a**

Health Questionnaire

Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009 states that a person employed for the purposes of carrying on a regulated activity must be physically and mentally fit for that work.

Please answer the following questions:

1. How many days were you absent from work due to sickness in the last year? No. of Days: .....
2. Have you ever suffered from:  
Allergies, eczema, dermatitis or other skin troubles? YES / NO
3. Do you suffer from:  
Epilepsy, migraine, asthma, angina, heart trouble or any condition requiring long-term medical help or a strict medication timetable? YES / NO
4. Have you ever suffered from:  
Mental illness including anxiety, depression or nervous debility? YES / NO
5. Have you ever required treatment for:  
Hernia or rupture, rheumatism, back problems, slipped disc, sciatica or Repetitive Strain Injury (RSI)? YES / NO
6. Do you suffer from:  
Diabetes, ulcers, stomach or other intestinal disorders? YES / NO

If you have answered yes to any of the questions above, please provide further details below.

.....

.....

.....

.....

**Declaration:**

I hereby confirm that I know of no reason, in relation to either my physical or mental health, why I would be unable to undertake the duties required for the post applied for.

Signed: .....

Date: .....

Form No: 004a	<b>To be reviewed May 2022</b>	
Issue No: 1	Revision No: 0	Page 6 of 9
Contact Details	+44 7506-029929 +44 7446-342447 76b Craigour Drive, Edinburgh, EH17 7NT info@kincarehealthsolutions.com	

**Equal Opportunities Monitoring Form**

**Form-018**

**1.0 INFORMATION**

1.1 The information supplied on this form will be used in total confidence and in accordance with current Data Protection Legislation. It will help to ensure that the service properly monitors and conforms with its policies relating to the equality of opportunity.

1.2 Information will be used for monitoring and for no other purpose.

**2.0 AIM**

2.1 Our committed aim is to allow our support staff to develop their skills and realise their maximum potential as individuals without any wish on the part of the service to limit their opportunities.

**Gender** Male  Female  Prefer not to say

**Are you married or in a civil partnership?** Yes  No  Prefer not to y

**Age** 16-24  25-29  30-34  35-39  40-44  45-49   
50-54  55-59  60-64  65+  Prefer not to say

**3.0 WHAT IS YOUR ETHNICITY?**

3.1 Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box:

***White***

English  Welsh  Scottish  Northern Irish  Irish  British   
Gypsy  or Irish Traveller  Prefer not to say

Any other white background, please write in: .....

***Mixed/multiple ethnic groups***

White and Black  White and Black  White  Caribbean   
African  Asian  Prefer not to say

Any other mixed background, please write in: .....

***Asian/Asian British***

Form No: 018	To be reviewed May 2022	
Issue No: 1	Revision No: 0	Page 7 of 9
Contact Details	+44 7506-029929 +44 7446-342447 76b Craigour Drive, Edinburgh, EH17 7NT info@kincarehealthsolutions.com	

**Equal Opportunities Monitoring Form**

**Form-018**

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say   
Any other Asian background, please write in: .....  
.....

***Black/ African/ Caribbean/ Black British***

African  Caribbean  Prefer not to say   
Any other Black/African/Caribbean background, please write in: .....  
.....

***Other ethnic group***

Arab  Prefer not to say  Any other ethnic group, please write in: .....  
.....

**Do you consider yourself to have a disability or health condition?**

Yes  No  Prefer not to say   
What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in: .....  
.....

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual  Gay woman/lesbian  Gay man  Bisexual   
Prefer not to say  If other, please write in: .....  
.....

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish   
Muslim  Sikh  Prefer not to say   
If other religion or belief, please write in: .....  
.....

**What is your current working pattern?**

Full-time  Part-time  Prefer not to say

**What is your flexible working arrangement?**

Form No: 018	To be reviewed May 2022	
Issue No: 1	Revision No: 0	Page 8 of 9
Contact Details	+44 7506-029929 +44 7446-342447 76b Craighour Drive, Edinburgh, EH17 7NT info@kincarehealthsolutions.com	



**Equal Opportunities Monitoring Form**

**Form-018**

None  Flexi-time  Staggered hours  Term-time hours   
 Annualised hours  Job-share  Flexible shifts  Compressed hours   
 Homeworking  Prefer not to say  If other, please write in: .....  
 .....

**Do you have caring responsibilities? If yes, please tick all that apply**

None  Primary carer of a child/children (under 18)   
 Primary carer of disabled child/children   
 Primary carer of disabled adult (18 and over)  Primary carer of older person   
 Secondary carer (another person carries out the main caring role)   
 Prefer not to say

Form No: 018	<b>To be reviewed May 2022</b>	
Issue No: 1	Revision No: 0	Page 9 of 9
Contact Details	+44 7506-029929 +44 7446-342447 76b Craigour Drive, Edinburgh, EH17 7NT info@kincarehealthsolutions.com	