**Application Form**

**01455242459**

**E-mail:** [**adele@akindhomecare.org**](mailto:adele@akindhomecare.org)

The recruitment process within our organisation consists of several stages and the completion of this form is the first stage of your application.

**PLEASE COMPLETE FULLY AND IN CAPITALS.**

|  |  |
| --- | --- |
| Name | |
| Address:  Post code: | |
| Contact Number (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Number (Mobile)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail address: | |
| Position applied for: | hours required: |

**Week 1 Week 2**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| M | T | W | T | F | S | S |  | M | T | W | T | F | S | S |
|  |  |  |  |  |  |  | 6.00 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | 7.00 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | 8.00 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | 9.00 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | 10.00 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | 11.00 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | 12.00 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | 13.00 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | 14.00 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | 15.00 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | 16.00 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | 17.00 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | 18.00 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | 19.00 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | 20.00 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | 21.00 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | 22.00 |  |  |  |  |  |  |  |

Please complete the availability above. Please tick in the boxes the times you ARE available.

## Education and training (If you have a up to date CV, please attach here and leave the boxes blank)

Please give details.

|  |
| --- |
| SCHOOL/COLLEGE/UNIVERSITY  EXAMINATION PASSES / QUALIFICATIONS GAINED |
|  |

## Qualifications

Please give details:

|  |
| --- |
|  |

### Your current or most recent employer

Name of employer:

Address:

Postcode:

Job title:

Pay:

Length of time with employer:

Reason for leaving:

Duties:

|  |
| --- |
|  |

### Employment history

Please give full employment history, you may attach an up to date CV if you have one.

Use a separate sheet if required.

|  |  |
| --- | --- |
| Employer / start and end date | Reason for leaving |
|  |  |
|  |  |
|  |  |
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Please state the reasons for breaks in employment. Use a separate sheet if required.

|  |  |
| --- | --- |
| Breaks in employment dates | Reason |
|  |  |
|  |  |
|  |  |
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|  |  |

### Previous employers

Please tell us about other jobs you have done and about the skills you used or learned in those jobs.

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| --- |
|  |

## Supporting statement

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| --- |
|  |

Please tell us why you applied for this job and why you think you are the best person for the job.

## Interview arrangements and availability

If you have a disability, please tell us if there are any reasonable adjustments we can make to help you in your application or with our recruitment process.

|  |
| --- |
|  |

Are there any dates when you will not be available for interview?

|  |
| --- |
|  |

When can you start working for us?

|  |
| --- |
|  |

## 

## Right to work in the UK

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

## References

Please give the **names and contact details** of 3 people who we can ask to give you a reference. We may ask them before an employment offer is made. We will not ask your current employer until we get your permission.

### Referee 1 – Current/Most Recent Employer

|  |
| --- |
|  |

### Referee 2

|  |
| --- |
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## 

### Referee 3

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## 

## Declaration

I confirm that to the best of my knowledge the information I have provided on this form is correct and I accept that providing deliberately false information could result in my dismissal.

Name:

Signature:

Date:

|  |  |
| --- | --- |
| How did you learn of this vacancy? |  |

Have you a police record of convictions, cautions, reprimands and/or warnings?

**YES / NO**

(Please delete as appropriate)

If **YES** provide brief details below:

|  |
| --- |
|  |

REHABILITATIONOF OFFENDERS ACT 1974.

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Sec 4 (2) of the Rehabilitation of Offenders Act 1974 (except Order 1875).

Applicants are not therefore entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the act and in the event of employment; any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to any application for a position to which the order applies.

Name:

Signature:

Date

\*NB – YOU MUST SIGN ALL PARTS OF THE APPLICATION FORM WHERE IT REQUESTS\*

Equality and diversity Monitoring form

A Kind Homecare wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging.

equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes.

If you have any questions about the form contact Adele on 01455242459.

Please return the completed form to A Kind Homecare.

**Gender** MaleFemale IntersexNon-binaryPrefer not to say 

If you prefer to use your own gender identity, please write in:

Is the gender you identify with the same as your gender registered at birth?

Yes ☐    No ☐  Prefer not to say ☐

**Age** 16-24 25-29  30-34  35-39 40-4445-49

50-54 55-59  60-64  65+ Prefer not to say 

**What is your ethnicity?**

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

***Asian or Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say 

Any other Asian background, please write in:

***Black, African, Caribbean or Black British***

African  Caribbean Prefer not to say 

Any other Black, African or Caribbean background, please write in:

***Mixed or Multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say  Any other Mixed or Multiple ethnic background, please write in:

***White***

English  Welsh Scottish Northern Irish  Irish 

British Gypsy or Irish Traveller Prefer not to say 

Any other White 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 work? Please write in here:

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  Lesbian  Bisexual  Asexual  Pansexual  Undecided Prefer not to say 

If you prefer to use your own identity, 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 working pattern?**

Full-time  Part-time Prefer not to say 

**What is your flexible working arrangement?**

None  Flexi-time  Staggered hours  Term-time hours 

Annualised hours  Job-share  Flexible shifts  Compressed hours 

Home working  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 