



# job application form

Knightsbridge Care Services is committed to equal opportunities in employment and we positively welcome your application irrespective of your gender, race, disability, colour, ethnic or national origin, nationality, sexuality, marital status, responsibility for dependants, religion, trade union activity and age.

FOR OFFICE USE	
Job ref no:	
Date sent out:	
Date returned:	
Application no:	
Closing Date:	

Please complete all sections on the form. If any section does not apply to you, enter not applicable (n/a).

**If you have not received a response to your application within 14 working days then unfortunately your application has been unsuccessful.**

## 1. Vacancy Details This section must be completed

Job title:

Service Area: Community Care

## 2. Personal Details

First name(s):

Last name:

Title: e.g. (Mr, Mrs, Ms):

Address:

Postcode:

Daytime tel no:

Evening tel no:

Mobile tel no:

Email:

Please indicate if you are happy to receive correspondence via your email address e.g. invite to interview letter Yes  No

National Insurance Number, if you have one

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Current driving licence (if this is a requirement of this job): Yes  No

If YES, type of licence \_\_\_\_\_

## 3. Arrangements for interview

Do you require any particular arrangements when attending an interview?

Yes  No

If yes, please give details so that we can accommodate them.

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**4. Education/Qualifications** (including overseas) Please start with secondary education.

From		To		Secondary School/ College/University etc	Examinations taken or to be taken	Results & grades	Date gained
nth	yr	nth	yr				

**5. Past Employment & Experience** (if any) include voluntary or other relevant experience. Please explain any gaps in your employment history, whether this due to ill health, unemployment, travel, career break etc.

From		To		Employer	Job Title	Reason for change
nth	yr	nth	yr			

Please continue on a separate sheet if necessary.

## 6. Present or Most Recent Employment (if any)

Job title: \_\_\_\_\_ Employer: \_\_\_\_\_

Salary: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date left (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Outline of roles and responsibilities  
\_\_\_\_\_  
\_\_\_\_\_

Reason(s) for leaving (if applicable):  
\_\_\_\_\_

Availability for work:  
\_\_\_\_\_

## 7. General Information

a) Are you related to any employee of K.C.S?

Yes  No  If Yes please provide details:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Relationship: \_\_\_\_\_

b) Do you wish to job share the job you are applying for?

Yes  No

c) What languages can you speak? Please state:

\_\_\_\_\_  
\_\_\_\_\_

d) What is the maximum distance you are willing to travel to your place of work? (Please give your answer in miles):

\_\_\_\_\_

## 8. Dismissal

Have you ever been dismissed from work?

Yes  No

If yes, please give details:

## 9. Eligibility to Work in the UK

Are you entitled to work in the UK without having a work permit?

Yes  No

Are you a European Economic Area (EEA) citizen?

Yes  No

Please note: all candidates who are invited for interview will be asked for documentary proof of entitlement to work in the UK (i.e. birth certificate or passport showing EEA citizenship or entitlement to work in the UK, National Insurance card, P45 or P60 showing name or NI number, visa or letter from the Home Office showing right to work in the UK).

### 10. Rehabilitation of Offenders Act 1974

Because of the nature of Knightsbridge Care Services's work, many of our posts are exempt from section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are therefore obliged to provide details of their criminal record, including spent convictions, at an early stage of the application process. Please note that failure to reveal information that is directly relevant to the position may lead to withdrawal of the offer of employment or subsequent dismissal at a later date. Successful applicants will be required to complete an enhanced disclosure prior to commencing employment.

We would like to stress that having a conviction will not necessarily prevent you from gaining employment with us. Please note the successful applicant will be subject to checks by the Criminal Records Bureau and against the Vulnerable Adults' Barred list.

Do you have any current or previous convictions or cautions?

Yes  No

If you answered yes please provide details of type and date of offence

If you require further space, continue on a separate sheet, in an envelope marked "Private and Confidential" and attach to this form.

**11. References** Please give details of two referees one of which must be your current or most recent line manager/supervisor, or other person designated within the organisation to provide references. Please put a cross in the appropriate box(es) below if you do not wish us to take up a reference without your consent.

Company \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel no: \_\_\_\_\_ Email: \_\_\_\_\_

Job title: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

If this referee knows you by another name please give that name: \_\_\_\_\_

Company \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel no: \_\_\_\_\_ Email: \_\_\_\_\_

Job title: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

If this referee knows you by another name please give that name: \_\_\_\_\_

## 12. Other information in Support of your Application

In order for us to decide whether to call you for interview, it is essential that you provide us with sufficient details of any experience and skills which demonstrate how you meet the requirements of this job, as set out in the person specification. You may also continue on a separate sheet(s) if you wish. You should ensure that any additional sheets are attached securely and include your name and job reference number / job title.

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## 13. Data Protection Act 1998 - Consent and Certification of Details

The information detailed in this application form may be used by Knightsbridge Care Services in the monitoring and progression of its employment policies and practices, and in particular its Equal Opportunities in Employment Policy. This monitoring is for statistical purposes only and you will not be identifiable from this process. However, your personal details contained in the application form may be used in the prevention and detection of fraud. Where this occurs you will be identifiable.

Knightsbridge Care Services also shares information with Job Centre Plus for statistical purposes, by signing the declaration below, you consent to your information being shared with Job Centre Plus.

Application forms of unsuccessful candidates will be destroyed after six months following an appointment to the job. Giving false information will result in your application not being pursued or your contract being terminated if you have already been appointed to the job.

I, (print name):

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Consent to Knightsbridge Care Services recording and processing the information detailed in this application form. I understand that this information may be used by Knightsbridge Care Services in pursuance of its business purposes and my consent is conditional upon Knightsbridge Care Services complying with their obligations under the Data Protection Act 1998.

I also confirm that the information contained in this application form is correct.

Signature:

Date:

### **Application forms not fully completed may be refused.**

You are not eligible to apply if you already have an application currently under consideration, or you have previously applied to any Knightsbridge Care Services vacancies within the last six months.

## Recruitment Monitoring

(It is not a requirement of the application form to complete this section, however if you are offered employment by Knightsbridge Care Services you will be required to supply this information for our recruitment monitoring purposes.)

Name: \_\_\_\_\_

Job title applied for: \_\_\_\_\_

Job ref number: \_\_\_\_\_

To help us monitor our Equal Opportunities in Employment Policy please tick or complete the following boxes as appropriate:

### Ethnic Origin

Choose one section from (A) to (E) then tick the appropriate box to indicate your cultural background. These are based on the 2001 Census with additional categories included.

#### A White

British  Albanian/Kosovan  Roma  Irish   
Bosnian

Any other White background please write in below:

#### B Mixed

White and Black - Caribbean   
White and Asian   
White and Black - African   
Asian and Black

Any other Mixed background please write in below:

#### C Asian or Asian British

Indian  Kashmiri  Pakistani  Bangladeshi

Any other Asian background please write in below:

#### D Black or Black British

Caribbean  African

Any other Black background please write in below:

#### E Chinese or other ethnic group

Chinese  Arab  Afghan   
Kurdish  Vietnamese

### Nationality

What is your nationality? Please state below:

\_\_\_\_\_

### Gender

I am: Female  Male

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Are you currently unemployed?

Yes  No

### Marital Status

Civil Partnership  Divorced  Married   
Single  Widowed  Other

### Religion

Church of England  Church of Ireland  Hindu   
Islam  Jehovah Witness  Jewish  Methodist   
Mormon  None  Roman Catholic  Sikh

If other please state: \_\_\_\_\_

### Job Advertisement

How did you first find out about this job? Please specify the source or publication.

Forward

Careers Open Day (please specify) \_\_\_\_\_

Other Newspaper (please specify), \_\_\_\_\_

Professional Journal (please specify), \_\_\_\_\_

Radio (please specify), \_\_\_\_\_

Word Of Mouth

Jobcentre Plus

Website, other (please specify), \_\_\_\_\_

## Pre-Employment Medical Questionnaire

### Guidance notes

The purpose of the pre-employment Health Questionnaire is to provide information about your medical history which will assist in the following ways:

- To ensure that you are medically suitable for the proposed job
- To advise, where necessary, on any reasonable adjustments to your work or workplace to suit you, so that any underlying health problem is not made worse by your work
- To ensure that you do not have a medical condition which could pose a risk to your safety or to that of your colleagues, residents or members of the public?
- To help us identify if there is a risk of developing a work related illness from any hazards in the proposed Workplace

Pre-employment screening takes into account both current and previous health factors.

The medical data on this form will remain **confidential** to Knightsbridge Care Services. The medical contents of this form will not be disclosed to anyone without your explicit or written consent.

Please ensure you answer all the questions. Failure to fully complete this questionnaire will result in a delay to your health clearance and subsequent start date.

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Please complete this form in black ink •

Personal Details.

Mr/Mrs/Miss/other...

Male/Female

Surname:

Home Address:

Forename(s):

Maiden Name

Post Code:

(if applicable)

Home Tel:

Mobile:

Work:

Date Of Birth:

Email:

Please circle: I would prefer to be contacted by:

Mobile

Home No

Work no

Email

## Medical History

If the answer to any of the following questions is "Yes" please give details

Health Question	Yes	No	If yes give details with dates here.
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1 Are you at present, receiving any treatment or regular medication supervised by your doctor?

2 Have you ever been retired on ill health grounds?

3 Do you need any specific aids/adaptations to assist you at work/study, whether or not you have a disability?

4 Have you ever had a medical problem which was caused or made worse by work/school/university?

Please also give details if a considerable amount of time was taken off work/school (i.e. longer than 3 months)

5 Have you lost time from work /university due to illness in the last 2 years?

Please state how many days or weeks and on how many occasions?

6 Have you ever been treated for:

- Mental Health problems (including anxiety, depression, eating disorders, alcohol or drug abuse)?
- Back Pain?
- Musculoskeletal problems (such as arthritis, pains in arms or legs, restricted movement)?
- Skin problems (including eczema or dermatitis)?
- Epilepsy?
- Diabetes?
- Asthma?
- Cough which lasted for more than 3 weeks or have been investigated for TB?

7 Do you have any allergies? (including sensitivity to medicines, foods or other substances such as Latex)



## Access to your medical records

In order to process your health clearance we may on occasion need to access your medical records either from your GP or your treating Specialist. We will not contact them without your explicit consent. Please read and complete the section below. In the event that we need to write to your GP/Specialist we will still contact you to let you know. Completion of this section will ensure the process is undertaken with minimal delay to start date.

## Access to Medical Reports Act 1988 .

Under this Act you have the right to see medical reports about you supplied by doctors who have treated you. You also have the following rights:

- 1 Your employer must notify you when they intend to apply for a report and must ask your consent for the report to be supplied.
- 2 If a report is requested your General Practitioner/Consultant must be told whether or not you wish to see the report.
- 3 You may ask to see the report before it is sent to your employer.
- 4 If you wish to do this it is your responsibility to make arrangements to see the report and you are responsible for paying any reasonable fee charged by the doctor for supplying the report. You have 21 days from the date of your employer's request to make arrangements to see the report.
- 5 If you disagree with the contents of the report you may ask the doctor to amend it. If he/she does not agree with these amendments you may not yourself alter the report, but you can add your own amendment.
6. Your doctor has no obligation to show you the whole or any part of the report, should he/she feel that the contents are likely to cause substantial harm.
- 7 You may ask to see the report at any time up to six months after it is requested. However, after the expiry of the 21 day period, you may not change the content. .

**PLEASE COMPLETE THE CONSENT FORM BELOW**

**Consent Form**

I understand my rights under the Access to Medical Reports Act 1988 and have read the summary of these rights provided

I agree/do not agree\* to a medical report on my health being supplied  
I wish/do not wish\* to see the report before it is supplied

\*Please delete as appropriate

Name (Block capitals).....

Name of General Practitioner (even if not based in the UK)

.....  
.....  
.....

Telephone number: .....

Fax number:.....

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Name of treating Specialist (if applicable)

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Hospital Address

.....  
.....  
.....

Telephone number: .....

Fax number: .....

Signature:.....

Date:.....

## Declaration

Before signing this declaration please ensure you have answered all the questions as instructed providing further details as required. Please ensure the consent form is also signed and fully completed.

1. I hereby agree to inform my immediate line manager (person in-charge of my occupational health) of any changes in my health which may affect my ability to work.
2. I understand my responsibility to notify my immediate line manager (person in-charge of my occupational health) if I think I am carrying a serious communicable condition such as Hepatitis B / Hepatitis C / HIV I or TB.
3. I acknowledge that my personal details will be stored both electronically and manually by the company in accordance with the Data Protection Act 1998. This information will be retained for:
  - a) Six months if you are not selected for the position applied for
  - b) During your period of employment and for an additional 40 years to comply with the Control of Substances Hazardous to Health amended Regulations 2004
4. If I have any concerns about how this information is handled I will contact my immediate line manager (person in-charge of my occupational health)
5. I declare that the information provided by me in this entire form is true and complete to the best of my knowledge. I understand that any deliberate omission, falsification or misrepresentation in this record may result in disciplinary action by my employer.

Signed: ..... Date:.....

For Management Use Only			
1.	Reason for delay to health Clearance	Date	Comment
	Need to complete questionnaire		
	For confirmation of immunity status or pathology results		
	Further information on health required		
	For GP / Specialist report		
	Appointment for nurse/Doctor medical required		
	Other		
2.	Pending	Date	Outcome
3	Outcome (Circle)	Fit	Fit with restrictions
			Unfit
Signature		Date	

**EMPLOYEE AVAILABILITY**

Please enter below the times, in any week, during which you will be available for work if required.  
Our earliest calls are 7:00am and our latest calls are 10:30pm. (Finishing at 11:00pm)  
From time to time you may also be required to do 'Sleep In's and Night Sit's.

This information will be used to compile the weekly rota and is a condition of your employment with Knightsbridge Care Services.

NAME : .....

DAYS AVAILABLE : .....

.....

HOURS AVAILABLE:.....

.....

HOLIDAYS BOOKED:.....

.....

.....

Notice of holidays must be given at least six weeks in advance and in writing to the office.

I am willing to work weekends and Bank Holidays, including Christmas Day, Boxing Day and New Year's Day or any day given as a public holiday in lieu of those days.

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