

EMPLOYMENT APPLICATION FORM

Vacancy Title:

Home Carer Home Help

Other Post

Please tell us how you heard about this vacancy:

1. PERSONAL DETAILS

First Name:

Last Name:

Maiden Name:

NI Number:

Address:

Home Phone:

Mobile:

E-Mail:

Have you previously applied for a position with Lynedoch Care, or been employed by us?:

YES NO

If yes, please state position(s) applied for / held:

2. CITIZENSHIP AND AVAILABILITY TO WORK

If you are not a British citizen, or from the EU, do you require a work permit?

YES NO

If YES, please supply the expiry date and number:

If NO, do you have the right to stay in Britain?

YES NO

3. DRIVING

Do you hold a current UK driving licence?

YES NO

Have you had any driving convictions in the past five years?

YES NO

Do you have access to a vehicle for work?

YES NO

4. DISABILITY

Are you registered disabled?

YES NO

If YES, please supply the registration number:

EMPLOYMENT APPLICATION FORM

5. EMERGENCY CONTACT DETAILS

First Name:
Last Name:

Address:

Home Phone:
Mobile:

6. DOCTOR'S CONTACT DETAILS

Name:
Practice:

Address:

Phone:

7. EDUCATION AND QUALIFICATIONS

Secondary School	Dates	Subjects and Grades
College or University	Dates	Qualification and Grade

8. ADDITIONAL TRAINING

Course	Dates	Registration numbers and expiry dates

EMPLOYMENT APPLICATION FORM

9. EMPLOYMENT HISTORY - START WITH MOST RECENT

Company	Dates	Position Held	Reason for Leaving

10. REFERENCE ONE - CURRENT OR MOST RECENT EMPLOYER

Name:
Phone:

Company:
E-Mail:

Address:

11. REFERENCE TWO - CHARACTER

First Name:
Last Name:

Company:
E-Mail:

Address:

EMPLOYMENT APPLICATION FORM

12. STATEMENT IN SUPPORT OF YOUR APPLICATION

Please tell us what interests you in this position:

Please demonstrate why you think you would be suitable for this post, using examples, and include relevant information, whether obtained through formal employment or voluntary / leisure activities:

13. AVAILABILITY FOR WORK - HOURS OF AND PREFERRED LOCATION

Please indicate which location that you would prefer your application to be considered:

EDINBURGH: PEEBLES:

In order to ensure that we can allocate hours to staff in a manner that ensures effective client cover, we must be in a position to align these requirements with staff availability.

Please indicate below the times you can be available for regular scheduled work:

MON: AM PM TUES: AM PM WED: AM PM

THURS: AM PM FRI: AM PM

SAT: AM PM SUN: AM PM

Are you available to work nights, including sleepovers when required:

YES: NO:

EMPLOYMENT APPLICATION FORM

14. THE REHABILITATION OF OFFENDERS ACT 1974

By virtue of the Rehabilitation of offenders Act 1974 (exceptions) order of 1975, the provision of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment that is concerned with the provision of certain services, and which is such a kind as to enable the holder to have access to persons in receipt of such services in the course of his / here normal duties. Your answer to the following question should include any 'spent' convictions.

Have you ever been convicted of a criminal offence?

YES NO

If YES, please give details:

15. DECLARATION

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

In signing this application I agree that:

1. Lynedoch Care can create and maintain computer / paper records of my personal data, and that this will be processed and stored in accordance with the Data Protection Act 1998.
2. That all the information given by me on this form is complete and accurate. I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.
3. Lynedoch Care may contact my doctor for any further medical or health details required, and the company reserves the right to require me to undergo a medical examination.

Name:

Date:

Signature:

If you return this form by email, you will be asked to sign your application at interview.



Submit your application, either by mail to

**F.A.O. Sara Adam,
The Care Manager,
Lynedoch Care Limited,
22, Morningside Drive,
Edinburgh.
EH10 5LY**

Or send it via e-mail to: enquiries@lynedochcare.co.uk