

**The Kincarrathie Trust
Kincarrathie Residential
Care Home**

Application For Employment

| | | |
|--|-----------------------------------|-----------|
| Post Applied for: | Post Ref: | |
| Closing Date for Applications where relevant: | How did you hear about the job? | |
| <p>Completed forms should be returned to:</p> <p>The Kincarrathie Trust Kincarrathie House Pitcullen Crescent Perth PH2 7HX</p> <p>Important Notice, please read: This home is committed to providing equality of opportunity in all applicants. We welcome all applications from people who feel they are able to 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 No offer of employment will be withdrawn without discussion with the applicant.</p> | | |
| About You: | | |
| Surname: | First Names: | |
| Home address: | E-mail address: | |
| Postcode: | | |
| Home Tel: | | Work Tel: |
| Mob: | Can we ring you at work? YES / NO | |

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Are you related to anyone who works here now or in the past? YES / NO

If "Yes", please give details:

About Your Education:
Tell us about your education and the schools that you attended

| Name of School, College or University | Exams passed, results or qualifications including grades |
|---------------------------------------|--|
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About Work:

| Employer | Job title and duties | Salary | From when to when |
|----------|----------------------|--------|-------------------|
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| <p>Please describe any voluntary work you have done:</p> | | | |
| <p>References</p> <p>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.</p> | | | |
| <p>Name:</p> <p>Position:</p> <p>Organisation:</p> <p>Address:</p> <p>E-Mail address:</p> <p>Postcode:</p> <p>Tel. no. work:</p> <p>Tel. no. other:</p> <p>Is this your current employer? YES / NO</p> <p>Are they related to you? YES / NO</p> | | <p>Name:</p> <p>Position:</p> <p>Organisation:</p> <p>Address:</p> <p>E-Mail address:</p> <p>Postcode:</p> <p>Tel. no. work:</p> <p>Tel. no. other:</p> <p>Is this your current employer? YES / NO</p> <p>Are they related to you? YES / NO</p> | |

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How is your Health?

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

Please answer the following question:

Do you have any physical or mental impairment that would make you unsuitable for employment under Regulation 9, The Regulation of Care (Requirements as to Care Services) (Scotland)?

YES/NO

(Delete as appropriate)

If you have answered Yes to the above health question please provide further details below.

If you have answered No please sign and date the following declaration:-

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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Tell Us More

Please use this space to tell us more about yourself and to add information that you feel is important in your application. (If required, please continue on a separate single A4 sheet.)

Do you hold a current driving licence? Yes / No

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.

Signed: Date:

****Important****

Please make sure that you have signed and dated the Medical Health Declaration above.

Privacy information.
The Kincarrathie Trust respects your personal information and undertakes to comply with all applicable data protection legislation currently in force. We may use personal information provided by you during the recruitment process either with your consent or on the basis of our Legal obligation (to comply with the law) and/or Legitimate interests. Except as provided under these terms we will not disclose your personal information without your permission unless such disclosure is required by law or other court order. We will not use the information supplied by you during the recruitment process for any other purpose other than recruitment for the role you have applied for. Our full recruitment privacy notice is available on our website www.kincarrathiehouse.org and a hard copy will be provided to you on request.