



**JLKare**

**Making A Difference**

**Units 7 – 8 West Cross Shopping Centre  
Oldbury Road  
Smethwick  
West Midlands  
B66 1JG  
Tel: 0121 679 0407**

[info@jlkare.co.uk](mailto:info@jlkare.co.uk)

**PLEASE RETAIN THIS COVER SHEET FOR YOUR INFORMATION**

Thank you for your interest in a career with JLKare and Support Ltd. We are pleased to provide you with this application pack.

The pack contains the following: an application form, including an enhanced Disclosure and Barring Service declaration, a diversity monitoring questionnaire and a job description.

**HELP ON COMPLETING THE APPLICATION FORM**

Please note that it is not acceptable to enclose a CV alone. You can include a CV to support your application if you wish but your CV cannot replace completing the application. Please complete your application fully, the following information is vital, therefore, if you do not provide it your application will be rejected.

**Referees**

You must give the name, address and telephone number of two referees. Please note that your referees should be your current and/or most recent employer.

**Previous Employment**

Please detail your work history since you left school/college/university. Please explain any gaps in your employment history, for example, if you left a job in March and didn't start your next job until April, then you must write in what you were doing in April i.e. looking for work, unemployed, travelling, etc and the dates this was from and to.

**Information needed Relevant to Your Application**

If you are shortlisted for an interview, please bring with you: - completed application form, if you haven't already sent it back to us; evidence of right to work, eg. Passport or Biometric Permit/Visa; Driving licence; 2 proofs of address eg. Gas/electric bill/bank statement/Council Tax bill; A Portable DBS if you have one and any certificates relating to the job role. Please go to the "Gov.uk" website to see which documents are needed: or google "DBS checks (previously CRB checks).GOV.uk"

You can also return your completed application pack via post to the address above or via email. Ensure that the form is signed prior to emailing the completed document to [info@jlkare.co.uk](mailto:info@jlkare.co.uk) Applicants may not be considered for an interview if applications are incomplete or are missing information.

**If you require this document in large print or another format, please contact us on 0121 679 0407 and we will endeavour to meet your requirements.**

**For and on behalf of JLKare and Support Ltd**

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## APPLICATION FORM

<b>Position applied for</b>	
<b>Date available to take up employment</b>	
<b>Salary expectations</b>	

### Prepared for work

<b>Full time</b>	<b>YES / NO</b>	<b>Part time</b>	<b>YES / NO</b>	<b>Shift work</b>	<b>YES / NO</b>
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### Personal details

<b>Full name</b>			<b>Title</b>	
<b>Address</b>				
<b>Telephone numbers</b>	<b>Home</b>			
	<b>Mobile</b>			
<b>Email address</b>				
<b>National insurance number</b>				
<b>Passport Number</b>			<b>Issue Date</b>	
<b>Do you own a car?</b>	<b>YES / NO</b>	<b>Have a current licence?</b>	<b>YES/NO</b>	
<b>If yes, licence type</b>	<b>Provisional / Full</b>			
<b>Driving licence number</b>				
	Do you have business insurance? <b>YES / NO</b> Would you be prepared to get business insurance? <b>YES / NO</b>			
<b>Do you have any current driving convictions</b>	<b>YES / NO</b>	<b>If yes, give details including dates.</b>		

Please complete and return to: **JLKare and Support Limited, Unit 7-8 West Cross Shopping Centre, Oldbury Road, Smethwick, B66 1JG,**  
or via email: [info@jlkare.co.uk](mailto:info@jlkare.co.uk). Tel: 0121 679 0407

**Secondary education**

School name, address and date attended	Examinations (Subject, result, etc.)

**Further education and training**

University/College and date attended	Type of course	Subjects	Qualifications or class of degree

**Occupational qualifications**

College/Institute or other name and date attended	Qualification/Level

**Membership of professional body**

Name	Level	Date

**Previous employment**

<b>Present/last employer</b>				
<b>Address</b>				
<b>Job title</b>				
<b>Duties/responsibilities</b>				
<b>Start date</b>		<b>End date</b>		
<b>Reason for leaving</b>				
<b>Employers name &amp; address</b>	<b>Job title</b>	<b>From</b>	<b>To</b>	<b>Reason for leaving</b>

**General**

<b>Interests/hobbies (give details of pastimes, sports, etc)</b>	
<b>Offices held in social/sports clubs, etc</b>	
<b>Public duties ( local councillor, etc) undertaken</b>	
<b>If offered this position will you continue to work in any other capacity?</b>	<b>YES / NO</b>
<b>If yes, give details</b>	

**Permission to work in the UK**

<b>Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK?</b>	<b>YES / NO</b>
<b>If you are successful in your application would you require permission to work in the UK?</b>	<b>YES / NO</b>

**Community/volunteer experience**

<b>Name and address of organisation</b>	<b>Position/title</b>	<b>Duties</b>

**Next of kin**

<b>Emergency contact name</b>	
<b>Relationship to you</b>	
<b>Contact number</b>	
<b>Emergency contact name</b>	
<b>Relationship to you</b>	
<b>Contact number</b>	

**Referees**

<b>Work reference (most recent employer) – not members of your own family</b>	
<b>Name</b>	
<b>Address</b>	
<b>Organisation</b>	
<b>Occupation</b>	
<b>Telephone number</b>	
<b>Email address</b>	
<b>Work reference 2 – not members of your own family</b>	
<b>Name</b>	
<b>Address</b>	
<b>Organisation</b>	
<b>Occupation</b>	
<b>Telephone Number</b>	
<b>Email address</b>	

**Information in support of your application**

Please use this space to give your reasons for applying for the vacancy. You may wish to include details of relevant experience and why you consider yourself suitable for the post. *Please use separate sheet if necessary.*

## Disclosure and Barring Service

**All prospective employees are required to consent to a DBS check, which will be carried out before work is commenced. Failure to disclose on this application form any conviction subsequently revealed by the police check will result in your application not being processed.**

Have you ever been convicted of any criminal offence, received a caution or been bound over, even as a juvenile? **YES/NO** If **YES** please give details below. This will be discussed further during the interview process

### **Rehabilitation of Offenders Act 1974 (Exceptions Order 1975)**

The provisions of this Act relating to the non-disclosure of criminal convictions do not apply to certain occupations. The job for which you are applying is included in the excepted types of employment under the above Order which means that **no conviction can be considered spent and all must be disclosed\***. You are therefore required to answer the following question.



**The Data Protection Act 1998** requires that any staff handling personal data must follow certain principles in relation to the data that they hold. Individuals have rights of access to data that is held and rights to claim for damages if various offences occur. This covers manual as well as computerised records. In implementing the legislation, JLKare adopts a simple and straightforward policy. If you are unsuccessful in this application, we will keep this form on file for 6 months should you wish to be considered for other vacancies within JLKare.

Please tick to show your agreement to this.

**Working with JLKare & Support Ltd**

It is JLKare’s policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, ethnic origin, national origin, sex, sexual orientation, religion or belief, pregnancy, trans-gender status, marital or civil partnership status, age or disability. I authorise JLKare to obtain references to support this application once an offer has been made and accepted and release JLKare and referees from liability caused by giving and receiving information.

**DECLARATION**

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement will be sufficient cause for rejection or, if employed, dismissal.

Name .....

Signature ..... Date.....

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## EQUALITY MONITORING FORM

**JLKare and Support Limited 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 you provide will stay confidential, and be stored securely and limited to only certain staff in the organisation's Human Resources section.

Please return the completed form to **JLKARE AND SUPPORT LIMITED, UNIT 7-8 WEST CROSS SHOPPING CENTRE, OLDBURY ROAD, SMETHWICK, WEST MIDLANDS, B66 1JG**

**Gender** Male  Female  Prefer not to say

**Are you married or in a civil partnership?** 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

#### **White**

English  Welsh  Scottish  Northern Irish  Irish

British  Gypsy or Irish Traveller  Prefer not to say

Any other white background, please write here:

#### **Mixed/multiple ethnic groups**

White and Black Caribbean  White and Black African  White and Asian

Prefer not to say  Any other mixed background, please write here:

#### **Asian/Asian British**

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

Any other Asian background, please write here:

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

African  Caribbean  Prefer not to say

Any other Black/African/Caribbean background, please write here:

**Other ethnic group**

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

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

Yes  No  Prefer not to say

If YES, please give details below:

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please give details below:

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.

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**What is your sexual orientation?**

Heterosexual  Gay woman/lesbian  Gay man  Bisexual

Prefer not to say  If other, please write in:

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**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:

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**What is your current working pattern?**

Full-time  Part-time  Prefer not to say

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**What is your flexible working arrangement?**

None  Flexi-time  Staggered hours  Term-time hours

Annualised hours  Job-share  Flexible shifts  Compressed hours

Prefer not to say  If other, please write in:

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**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