



Vista Centre, 50 Salisbury Road, Hounslow TW4 6JQ. Email: info@kindlio.co.uk, Tel: 02081672752

APPLICATION FORM

The recruitment process within Kindlio Ltd has a minimum of two stages.

The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on this information.

PLEASE COMPLETE FULLY AND IN CAPITALS.

Position applied for:		Please insert a Digital Photo with light plain background.
Approx. no. of hours wanted		
Full-time / part-time (please circle which you want to work)	Days/ Nights/Mornings/ Afternoons/Evenings/ weekends	
Surname:	First name(s):	
Previous surnames (if any): If change of name, Please supply documentary evidence e.g. marriage certificate, deed of name change etc.		
Current address:		
Post code:	Moved to this address on (date):	
Previous address Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, use another sheet of paper.		
Post code:	Moved to this address on (date):	
Telephone number (home):	Mobile No.:	
Own Transport (Yes/No): How long has your license been held?	Clean current driving license: (If applicable) Endorsements:	
National Insurance Number: (All Applicants)		



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Full name:			
Relationship:		Tel No:	
Address:			

EMPLOYMENT & EDUCATION HISTORY

Please provide a full history of your employment, education, and training since the age of 16, including any periods of unemployment.

Current/most recent first. Information must cover the whole of your working life to date. State the reasons for any breaks in employment. Use a separate attached sheet if required; please sign that sheet(s).

Name and address of your most recent/last employer:			
Date employed:		Nature of business:	
Position held and reason for leaving:			
Salary / Rate:			
Name and address of Employer prior to the employer listed above:			
Date employed:		Nature of business:	
Position held and reason for leaving:			
Salary / Rate:			
Name and address of Employer prior to the employer listed above:			
Date employed:		Nature of business:	
Position held and reason for leaving:			
Salary / Rate:			
Other roles (use			



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additional sheet):	

EDUCATION / QUALIFICATIONS

School/College/University Name	Examinations Passed/Qualifications Gained with Dates <i>(Please supply copies of certificates)</i>

TRAINING HISTORY/PROFESSIONAL STATUS

Date of Qualification/Certification	Location/Details <i>(Please supply copies of certificates/membership details)</i>	Notes

ANY SHORT COURSES ATTENDED

Course Title / Subjects	Institute Name / Location Name with Dates



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EMPLOYMENT / EDUCATION / TRAINING GAPS

It is a regulatory requirement that all gaps in employment, education, or training from the age of 16 onwards are fully accounted for.

If you were unemployed, please state the dates and what you were doing (e.g., seeking work, caring responsibilities, travelling, studying, etc.).

If there are any unexplained gaps, your application may not be considered.

From (MM/YYYY)	To (MM/YYYY)	Reason for Gap (e.g., seeking work, caring for family, travelling, illness, etc.)	Additional Notes / Explanation

CAPACITY TO WORK IN THE UK

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?	Yes / No (<i>delete as appropriate</i>)
If yes, please provide details.	
If you are successful in the application, would you require a work permit prior to taking up employment?	Yes / No (<i>delete as appropriate</i>)

Note: Minimum age legislation dictates that care workers in general must be 16 years old or older. Please inform your interviewer immediately if you do not meet these specifications.



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REFEREES

You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

Current or most recent Employer

Name:			
Address:			
Post code:		Tel No:	
Job title:			

Previous employer to the one above

Name:			
Address:			
Post code:		Tel No:	
Job title:			

Character reference

Name:			
Address:			
Post code:		Tel No:	
Relationship to you:			



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CRIMINAL RECORD

Workers of The Agency are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions. You will not be eligible for work in a care setting if you are on the DBS Register(s).

Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below.

SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING

I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.

I understand that I cannot be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS. I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. By my signature, I authorize Kindlio Ltd to request a DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred care workers, or withdrawal of any registration required by my employment status.

Signed: _____ **Date:** _____