**A picture containing text, clipart

Description automatically generated**

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| --- | --- | --- | --- |
| POSITION APPLYING FOR: **Health Care assistant** | | | |
| **First Name(s)** |  | **Last Name** |  |
| **Address** |  | **Post Code** |  |
| **Contact Number(s)** |  | **NI Number** |  |
| **Email Address** |  | | |

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| --- | --- |
| **Do you need a permit to work in the UK?** |  |
| **How did you find out about this vacancy?** |  |
| **REFEREE DETAILS**  References will only be sought if you are successful in your application | |
| **1st Referee (Current or Last Employer)** |  |
| **Name** |  |
| **Mailing or Email address** |  |
| **Contact Number** |  |
| **How do they know you** |  |
|  | |
| **2nd Referee (Current or Last Employer)** |  |
| **Name** |  |
| **Mailing or Email address** |  |
| **Contact Number** |  |
| **How do they know you** |  |

**EMPLOYMENT HISTORY**

Current or most recent history first. Please include any temporary, unpaid or voluntary work experience.

**\*\*Please be specific with dates and note any reason for any gaps in employment history inc. after leaving school.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer** | **Job Role** | **Reason for Leaving** | **Start Date**  **DD/MM/YYYY** | **End Date DD/MM/YYYY** |
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**TRAINING / QUALIFICATIONS**

Please provide all qualifications and training attained.

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| --- | --- | --- | --- |
| **School / Organisation** | **Qualification / Course Title** | **Grade Achieved** | **Date Achieved DD/MM/YYYY** |
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**EQUALITY AND DIVERSITY MONITORING**

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| --- | --- | --- | --- | --- | --- |
| **Date of Birth:** |  | **Age:** |  | **Gender:** |  |
| **Is your gender identity the same gender you were assigned at birth?** | | | | **Yes** | **No** |
| **Do you consider yourself disabled?** | | | | **Yes** | **No** |
| **If yes, please provide details:** | | | | | |
| **Do you have any long-term illness, health problems or disability tests that with or without the use if aids or medication limits your daily activities** | | | | **Yes** | **No** |
| **If yes, please provide details:** | | | | | |

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| **White** | **Asian / Asian British** | **Black / Black British** | **Dual Heritage** | **Other Racial Group** |
| British | Indian | Caribbean | White & Black Caribbean | Chinese |
| Irish | Pakistani | African | White & Black African |  |
|  | Bangladeshi |  | White & Asian |  |
| Other White (Please specify): | Other Asian (Please specify): | Other Black (Please specify): | Other Dual Heritage (Please Specify): | Other Racial Group (Please specify): |

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**Religion – Please tick the appropriate box**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Christian** | **Muslim** | **Sikh** | **Hindu** | **Buddhist** | **Jewish** | **None** | **Other (Please specify:** |

|  |
| --- |
| **Rehabilitation of Offenders Act (1974)**  **All posts within our facilities are exempt from the Rehabilitation of Offenders Act (1974)**  **SIGNATURE**  I certify to the best of my knowledge the information given on this form is correct and true. I understand that my application may be rejected or that I may be dismissed for withholding relevant details or giving false information. |
| **Signed:** |
| **Date:** |
| **Thank you for completing this application form, please return to the Sizwim Home Care @ 2 Bunker Hill Road, Hull, HU4 6BD.**  **Alternatively, please email your completed form to** [**info@sizwimhomecare.co.uk**](mailto:info@sizwimhomecare.co.uk) |