**Application Form**

Healthcare Assistant Band 3 (HaH/Wisbech)

**Personal Details**

Please complete all sections of this form carefully and clearly.

Telephone Numbers

Home:

Work:

Mobile:

Preferred number to be contacted on:

Home / Work / Mobile

NI Number:

Title:

Surname:

Forename(s):

Address:

Postcode:

Email Address:

**Immigration, Asylum and Nationality Act**

Are you currently eligible for employment in the UK? Yes No

If you are short-listed for this post you will be asked to provide identification documentation in accordance with the Immigration, Asylum and Nationality Act 2006

**Disclosure of Criminal Convictions and Police Cautions, Warnings and Reprimands including spent items.**

Unless documentation provided in this pack states to the contrary, this post is exempt from the provisions of section 4(b) of the rehabilitation of offenders act by virtue of the rehabilitation 1974 (exemptions) order 1975 because of the nature of work involved. You are therefore not entitled to withhold information and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. We will be required to obtain a Criminal Records Bureau Check for individuals appointed to certain posts.

**Have you any convictions or cautions**? Yes No

If Yes, Please specify on a separate sheet of paper and attach to the application form.

**Statement in Support of Your Application** (Please use this space to tell us about your skills and experience essential for this role. You may use additional paper)

|  |
| --- |
|  |

**Most Recent Employment Details**

Present / Last Employer’s Name and Address

Position Held:

From: To:

Notice period:

Reason for leaving:

Current/ Most recent salary:

Responsibilities:

Achievements:

**Employment History** (Please list most recent first and provide a minimum of 10 years history where applicable)

Name of Employer: Post Held:

Address:

Telephone No: Start date:

Leave Date: Reason for leaving:

Responsibilities:

Achievements:

Name of Employer: Post Held:

Address:

Telephone No: Start date:

Leave Date: Reason for leaving:

Responsibilities:

Achievements:

Name of Employer: Post Held:

Address:

Telephone No: Start date:

Leave Date: Reason for leaving:

Responsibilities:

Achievements:

**Education and Qualifications** (Please list most recent first)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Establishment  | From  | To  | Qualifications gained, including subject area  | Grades  |
|  |  |  |  |  |

**Other Training / Short Courses**

|  |  |
| --- | --- |
| Organising Body  | Course and Subject  |
|  |  |

**Membership of Professional Bodies**

If you are a member of any professional body(ies) please give details below

|  |  |  |  |
| --- | --- | --- | --- |
| Professional Body  | Level of Membership  | Membership/ Registration Number  | Expiry/ Renewal date |
|  |  |  |  |

**Employment References**

Please provide details of two professional references, one being your current/ most recent employer and the other being your previous employer.

Name:

Position:

Company:

Address:

Tel No:

Email:

Capacity in which referee is known to you:

How long known for:

May we contact the referee following interview?

 YES / NO

Name:

Position:

Company:

Address:

Tel No:

Email:

Capacity in which referee is known to you:

How long known for:

May we contact the referee following interview?

 YES / NO

If appointed, do you have any business or other interests

which would conflict with the duties of this post? Yes No

Do you hold a current driving licence? Yes No

Do you have use of a car? Yes No

**Data protection**

Information from this application may be processed for purposes permitted under the General Data Protection Regulation (GDPR). Individuals have, on written request, the right of access to personal data held about them.

ARHC is committed to treating personal data collected during the recruitment process in accordance with its requirements under GDPR. Information about how your data is used and the basis for processing your data is provided in the Applicant Privacy Notice which can be found here: <https://mk0arthurrank3jnbb5n.kinstacdn.com/app/uploads/2020/06/privacynotice-jobapplicants.pdf>

**Declaration**

I declare that the information given in this application is to the best of my knowledge complete and correct.

*Note: Any false, incomplete or misleading statements may lead to dismissal.*

Applicant’s Signature: Date:

 **Please return completed forms to:**

HR Department, Arthur Rank Hospice Charity, Shelford Bottom, Cambridge, CB22 3FB

or e-mail : careers@arhc.org.uk

**EQUAL OPPORTUNITIES MONITORING INFORMATION**

Arthur Rank Hospice is committed to inclusivity, respect, fairness, engagement and equality of opportunity for our patients and their families, our staff and trustees, our volunteers and our supporters. We value the strength that comes with difference and the positive contribution that diversity brings to our community. We are committed to promoting equality of opportunity in all aspects of employment and we are proud to be a Disability Confident Employer.

Completing this form is voluntary. Your information will be treated in the strictest of confidence and used by us to monitor our commitments to being an inclusive employer and building a diverse workforce. Your information will only be used for the analysis of statistical data. Further information about how data is used and the basis for processing is provided in our Privacy Notice. Consent may be withdrawn at any time by contacting HR.

If you require any assistance please email careers@arhc.org.uk

|  |  |
| --- | --- |
| Please state your date of birth |  |
| Please indicate your sex | [ ]  Male [ ]  Female [ ]  Do not wish to disclose  |
| Is your gender the same as the sex you were registered at birth? | [ ]  Yes [ ]  No [ ]  Do not wish to disclose  |
| Please indicate the option which best describes your marital status |
| [ ]  Married[ ]  Single[ ]  Civil partnership[ ]  Legally separated | [ ]  Divorced[ ]  Widowed[ ]  Do not wish to disclose |

**Sexual Orientation**

|  |
| --- |
| Which of the following options best describes how you think of yourself? |
| [ ]  Heterosexual or Straight[ ]  Gay or Lesbian[ ]  Bisexual | [ ]  Other sexual orientation not listed[ ]  Undecided[ ]  Do not wish to disclose |

**Race**

|  |
| --- |
| Please indicate your ethnic origin |
| **Asian / Asian British**[ ]  Bangladeshi [ ]  Indian[ ]  Pakistani [ ]  Chinese[ ]  Any other Asian background**Black/ African/ Caribbean/ Black British**[ ]  African[ ]  Caribbean[ ]  Any other Black/ African/ Caribbean background | **Mixed/ Multiple ethnic groups**[ ]  White & Asian[ ]  White & Black African[ ]  White & Black Caribbean[ ]  Any other mixed / multiple ethnic background**White**[ ]  English / Welsh / Scottish / Northern Irish / British [ ]  Irish[ ]  Gypsy or Irish Traveller[ ]  Any other White background | **Other Ethnic Group**[ ]  Arab[ ]  Any other ethnic group[ ]  Do not wish to disclose  |

**Religion or belief**

|  |
| --- |
| Please indicate your religion or belief |
| [ ]  Buddhist [ ]  Christian [ ]  Hindu | [ ]  Jewish[ ]  Muslim[ ]  Sikh | [ ]  Other religion[ ]  No religion[ ]  Do not wish to disclose  |

**Disability**

Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ adverse effect on your ability to carry out normal day to day activities. Further information regarding the definition of disability can be found here: <https://www.gov.uk/definition-of-disability-under-equality-act-2010>

|  |  |
| --- | --- |
| According to the definition of disability do you consider yourself to have a disability? | [ ]  Yes [ ]  No[ ]  Do not wish to disclose |
| Please identify the category which applies to you or other type of disability. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'Other'. |
| [ ]  Physical impairment [ ]  Learning disability/difficulty [ ]  Sensory impairment [ ]  Long-standing illness [ ]  Mental health condition [ ]  Other  |

**Caring**

|  |  |
| --- | --- |
| Do you have unpaid caring responsibilities outside of work? | [ ]  Child[ ]  Adult[ ]  None  |

Thank you for completing this form. Please be assured that we monitor to get an accurate picture of our organisation and to identify and try to address any inequalities. Please return the form to hradmin@arhc.org.uk