

### **APPLICATION FORM**

| Post applied for: Care Assistant with Farrell Healthcare |
|--|
| Title:   |
| Full Name:   |
| Date of Birth:   |
| Address (including postcode):                            |
| Contact number(s):                                       |
| Email address:   |

#### **Education**

| School/College/University | Qualification/s | Year<br>obtained |
|---------------------------|-----------------|------------------|
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## **Employment History**

| Employer | Job title and description of duties | Dates to and from |
|----------|-------------------------------------|-------------------|
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#### **References**

| Name | Relationship to applicant | Contact |
|------|---------------------------|---------|
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# **Supporting Statement**

| Please elaborate on your suitability for the post and how you feel you meet  |
|--|
| the personal specification, with examples. Please feel free to tell us about |
| your hobbies and interests.  |
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| Equal O    | pp                     | ortunities Form              |                     |      |                            |  |
|------------|------------------------|------------------------------|---------------------|------|----------------------------|--|
| Gender:    |                        |                              |                     |      |                            |  |
| Male 🗌     | ا                      | Female 🗌                     |                     |      |                            |  |
| Marital st | tatu                   | S:                           |                     |      |                            |  |
| Marrie     | d                      | Single                       | Divorced            |      | Other                      |  |
| Ethnicity: | Но                     | w would you describe yo      | our ethnic          | orig | in?                        |  |
|            | Wh                     | ite                          |                     | Bla  | ck or black British        |  |
|            | Α                      | British                      |                     | М    | Caribbean                  |  |
|            | В                      | Irish                        |                     | N    | African                    |  |
|            | С                      | Any other white background   |                     | P    | Any other black background |  |
| Mixed      |                        |                              | Other ethnic groups |      |                            |  |
|            | D                      | White and black<br>Caribbean |                     | R    | Chinese                    |  |
|            | E                      | White and black African      |                     | S    | Other ethnic groups        |  |
|            | F                      | White and Asian              |                     |      |                            |  |
|            | G                      | Other mixed background       |                     | Z    | Not stated                 |  |
|            | Asian or Asian British |                              |                     |      |                            |  |
|            | н                      | Indian                       |                     |      |                            |  |
|            | J                      | Pakistani                    |                     |      |                            |  |
|            | K                      | Bangladeshi                  |                     |      |                            |  |
|            | L                      | Other Asian background       |                     |      |                            |  |
|            |                        |                              |                     |      |                            |  |
|            |                        |                              |                     |      |                            |  |

| Sexuality: What of the following describes your sexual orientation? |                   |                           |                   |  |
|---|-------------------|---------------------------|-------------------|--|
| ☐ Bi-sexual   | Gay               | Heterosexual              | Lesbian           |  |
| ☐ Other   | ☐ Prefer not      | to disclose               |                   |  |
| Do you consider yo  | ourself to have a | disability? Yes/No (delet | e as appropriate) |  |
| If yes, please provide  |                   |                           | o de appropriato, |  |
| ii yes, piedse provid   | ac more imornia   |                           |                   |  |
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| <b>Declaration:</b> I declare that the above information is correct |                   |                           |                   |  |
| Name (print)  |                   |                           |                   |  |
|   |                   |                           |                   |  |
|   |                   |                           |                   |  |
| Signed  |                   |                           |                   |  |
|   |                   |                           |                   |  |
|   |                   |                           |                   |  |
| Date  |                   |                           |                   |  |