



Please ensure that you complete the application form in full as we cannot accept CVs. Please complete with black ink and block capitals. This form will be kept in confidence.

Please note that no applicant will be unfairly discriminated against. This includes discrimination on account of age, cultural/religious/political beliefs, disability, ethnicity, gender, race, relationship status, sexual orientation, and/or Trade Union membership or stewardship. If you have any special requirements to support you to complete this form (e.g. the need for large print or additional time) please contact the Registered Manager on 07761132220.

Position	
Position applied for:	
Preferred employment type (e.g. part time, full time):	
Personal Details	
Surname:	First name(s):
Current Address:	Postcode:
Telephone number (home):	Telephone number (mobile):
Email address:	
Own Transport Yes No	How long has your license been held?
Details:	
Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National (please circle)? YES NO	National Insurance Number:



<p>If no, please detail current immigration status and the relevant visa currently held (including Visa number):</p>	<p>Are you related to a member of staff or Service User at Higher Height Care Limited, please circle only: YES/NO</p>
--	--

Equality Act 2010

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 at: www.gov.uk/definition-of-disability-under-equality-act-2010.

For the purposes of this application and the interview stage only, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process?

YES / NO / PREFER NOT TO DISCUSS

Education

School/College/University	Examinations Passed, Qualifications Gained and Year Obtained (All qualifications will be subject to a satisfactory check).



Training Courses Attended or Completing

Subject (evidence of attending courses is required)	Location/Details	Date



Name and address of your most recent/last employer:	
Start date and end date:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of employer prior to the employer listed above:	
Start date and end date:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	



Name and address of employer prior to the employer listed above:	
Start date and end date:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	

Employment History

Please record below the details of your full employment history beginning with your current or most recent first. Use a separate attached sheet if required; please sign the sheet(s).

Name and address of employer prior to the employer listed above:	
Start date and end date:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	



Please detail here any gaps in

employment and state why:

A large, empty rectangular box with a black border, intended for the user to provide details about employment gaps.



Supporting Statement

Please add here your reasons for applying. You should refer to the job description and person specification to guide you. It would also be of value to describe particular strengths and talents that set you apart from others as well as including skills gained from work, home and other activities.



Referees

You must provide references from your two most recent employers. Please provide a character reference if you are unable to obtain two professional references, e.g. in the case of an applicant who has been raising children for ten years. 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:
Postcode:
Tel No:
Job title:
Previous Employer To The One Above
Name:
Address:
Postcode:
Tel No:
Job title:



Character Reference
Name:
Address:
Postcode:
Tel No:
Relationship to you:

Safeguarding

Ex-Offenders Declaration

Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest of confidence.

Rehabilitation of Offenders Act 1974

<p>Higher Height Care Limited aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. Higher Height Care Limited undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.</p> <p>Answering 'yes' to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the particular circumstances.</p>
<p>Are you currently bound over or do you have any current UNSPENT convictions that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?</p> <p style="text-align: center;">YES NO</p>
<p>Do you have any current UNSPENT police cautions, reprimands or final warnings in the United Kingdom or in any other country?</p> <p style="text-align: center;">YES NO</p>



Privacy

Higher Height Care Limited will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to Higher Height Care Limited holding the information contained within this application form. If successfully shortlisted, data will also include shortlisting scoring and interview records. We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you).

When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles. We have privacy policies that you can request for further information. Please be assured that your data will be securely stored by the Registered Manager and only used for the purposes of recruiting for this vacant post. You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time, Please contact the Registered Manager 07761132220.

Declaration

The information in this application form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by Higher Height Care Limited. Where applicable, I consent that Higher Height Care Limited can seek clarification regarding professional registration details.

Name:

Date:

Signature:

Higher Height Care Limited is committed to equality of opportunity and fair treatment in all aspects of employment. We aim to provide a working and learning environment which is free from unfair discrimination and will enable staff to fulfil their personal potential.

The information you provide will be treated as strictly confidential in line with the Data Protection Act 2018 and will be used only for equal opportunities monitoring. It will help us to comply with the law under the relevant Acts and to ensure that our employment policies and practices are fair and effective.

IMPORTANT - Please Note:

You do not have to complete this form. The information is given on a voluntary basis and the information provided will only be used for the monitoring purpose.

Please do not enter any identifying marks on this form, so that your information remains confidential. This information will be stored on a computer.



Ethnic Origin - Please indicate your Ethnic Origin

<p>Asian or Asian British</p> <p><input type="radio"/> Bangladeshi</p> <p><input type="radio"/> Indian</p> <p><input type="radio"/> Pakistani</p> <p><input type="radio"/> Any other Asian</p>	<p>Mixed</p> <p><input type="radio"/> White & Asian</p> <p><input type="radio"/> White & Black African</p> <p><input type="radio"/> White & Black Caribbean</p> <p><input type="radio"/> Any other mixed</p>	<p>Other Ethnic Background</p> <p><input type="radio"/> Chinese</p> <p><input type="radio"/> Any other Chinese</p> <p><input type="radio"/> Any other ethnic</p>
<p>Black or Black British</p> <p><input type="radio"/> African</p> <p><input type="radio"/> Caribbean</p> <p><input type="radio"/> Any other Black</p>	<p>White</p> <p><input type="radio"/> British</p> <p><input type="radio"/> Irish</p> <p><input type="radio"/> Any other white</p>	<p><input type="radio"/> I do not wish to disclose my ethnic origin</p>

Gender - Please indicate your Gender

<input type="radio"/> Female	<input type="radio"/> Male
<input type="radio"/> Transgender Female	<input type="radio"/> Transgender Male
<input type="radio"/> Other	<input type="radio"/> I do not wish to disclose my gender

Sexual Orientation - Please indicate your Sexual Orientation

<input type="radio"/> Bisexual	<input type="radio"/> Heterosexual	<input type="radio"/> Other
<input type="radio"/> Gay	<input type="radio"/> Lesbian	<input type="radio"/> I do not wish to disclose my sexual orientation

Religion or Belief - Please indicate your Religion or Belief

<input type="radio"/> Buddhist	<input type="radio"/> Jewish	<input type="radio"/> None
<input type="radio"/> Christian	<input type="radio"/> Muslim	<input type="radio"/> Other
<input type="radio"/> Hindu	<input type="radio"/> Sikh	<input type="radio"/> I do not wish to disclose my religion or belief

Marital Status - Please indicate your Marital Status

<input type="radio"/> Common Law Partnership	<input type="radio"/> Married/Civil Partnership	<input type="radio"/> Widowed
--	---	-------------------------------



<input type="radio"/> Divorced	<input type="radio"/> Single	<input type="radio"/> Other
--------------------------------	------------------------------	-----------------------------

As per Equality Act 2010:

Under the terms of the Act a disability is defined as a “physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out day-to-day activities”.

Do you consider yourself to have a Disability?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I do not wish to disclose whether or not I have a disability
---------------------------	--------------------------	--

Caring Responsibilities - Do you have any care responsibilities for anyone?

<input type="radio"/> Yes	<input type="radio"/> No	
If yes are they:		
<input type="radio"/> Children under 16	<input type="radio"/> Disabled	<input type="radio"/> Sick or Elderly

Please answer the following questions:

1. Do you have or have you ever had any significant health problem, impairment/disability (physical or mental) or learning difficulties that may affect your ability to undertake the tasks set out in the job description of the post offered? **YES/NO**
2. Do you have or have you ever had any illness, impairment of disability that may have been caused or made worse by your work? **YES/NO**
3. Have you ever left or been denied employment in an organisation on the grounds of ill health or been medically retired on the grounds of ill health? **YES/NO**
4. Are you having, or waiting for any medical treatment or investigations at present?
YES/NO
5. Will you need any special aids or adjustments or assistance to enable you to undertake the tasks set out in the job description of the post offered? **YES/NO**

If you answered yes to any of the above questions, please provide details below:



--

Applicants Declaration – Read and understand before signing.

- 1. I confirm that the information given above is complete and correct, and that I understand that any incomplete, untrue or misleading information given to Higher Height Care Limited will entitle the employer to reject my application, withdraw any employment offer made, or, if I am employed, dismiss me without notice.
- 2. By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems I have declared above.
- 3. I agree that Higher Height Care Limited reserves the right to require me to undergo a medical examination to assess my suitability for work.
- 4. I do not wish to complete the questionnaire, and I do not wish to have a free health assessment.

Delete as appropriate (i.e. strike out either 1, 2 and 3, or only 4)

Signed		Date:		Print Name:	
---------------	--	--------------	--	--------------------	--