

Crossroads Care NI

7 Regent Street,

Newtownards,

Northern Ireland

BT23 4AB

Telephone: 028 9181 4455

Fax: 028 9181 2112

Email: jobs@crossroadscare.co.uk

**OFFICE USE ONLY**

Application on PAMS

Monitoring on PAMS

CA-OCT18B

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| **CONFIDENTIAL** |  |  |
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| **APPLICATION FOR EMPLOYMENT** |
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| *(Please note that CVs will* **NOT** *be accepted)* |
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| **Job Reference:**  | CA-OCT18B |
| **Application Reference:** |  |
| **Job Title:**  | Care Attendant  | **Closing Date:**  | 31/10/2018 14:00 |

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| **PERSONAL DETAILS**  |
| **Title:** |  |
| **Forename(s):**  |  |
| **Surname:** |  |
| **Address:**  |  |
| **Postcode:**  |  |
| **Home Telephone Number:** |  |
| **Mobile Number:**  |  |
| **Email address:**  |  |
| **National Insurance Number:**  |  |
| **Place of Birth:** |  |

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| **DRIVER DETAILS Place an (X) in the appropriate box** |

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| **Do you hold a full valid driving licence?** |
| **Option** | **Applicant Selection** |
| **Yes** |  |
| **No** |  |

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| **Do you have access to a car for work purposes?**  |
| **Option** | **Applicant Selection** |
| **Yes** |  |
| **No** |  |

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| **If you do not already have, are you willing to obtain business insurance?**  |
| **Option** | **Applicant Selection** |
| **Yes** |  |
| **No** |  |

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| **Do you require a current work permit/employment visa to work in the UK?** |
| **Option** | **Applicant Selection** |
| **Yes** |  |
| **No** |  |

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| **Please indicate which location you would like to apply for from the following list:**Antrim, Ballyclare (Female only), Ballymena, Bangor, Belfast, Carrickfergus, Causeway, Larne, Lisburn, Newtownabbey, Newtownards. |
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Please submit the above completed application form and the below confidential monitoring forms to jwilson@crossroadscare.co.uk  or post to The HR Department, 7 Regent Street, Newtownards, BT23 4AB.

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| **Monitoring Reference:**  |

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| **EQUAL OPPORTUNITIES MONITORING QUESTIONNAIRE** |
| **Guidance Notes:**We are an Equal Opportunities Employer. We aim to provide equality of opportunity to all persons regardless of their religious belief; political opinion; sex; race; age; sexual orientation; or, whether they are married or in a civil partnership; or, whether they are disabled; or whether they have undergone or intend to undergo gender reassignment.We do not discriminate against our job applicants or employees on any of the grounds listed above. We aim to select the best person for the job and all recruitment decisions will be made objectively.In this questionnaire we will ask you to provide us with some personal information about yourself. We are doing this for two reasons.Firstly, we are doing this to demonstrate our commitment to promoting equality of opportunity in employment. The information that you provide us will assist us to measure the effectiveness of our equal opportunity policies and to develop affirmative or positive action policies.Secondly, we also monitor the *community background* and *sex* of our job applicants and employees in order to comply with our duties under the *Fair Employment & Treatment (NI) Order 1998.***You are not obliged to answer the questions on this form and you will not suffer any penalty if you choose not to do so.**Nevertheless, we encourage you to answer the questions below. Your identity will be kept anonymous and your answers will be treated with the strictest confidence. We assure you that your answers will not be used by us to make any unlawful decisions affecting you, whether in a recruitment exercise or during the course of any employment with us. To protect your privacy, you should not write your name on this questionnaire. The form will carry a unique identification number and only our Monitoring Officer will be able to match this to your name. |

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| *Please note: If you answer these questions about community background and sex you are obliged to do so truthfully, as it is a criminal offence under the Fair Employment (Monitoring) Regulations (NI) 1999 to knowingly give false answers to these questions.* |
| **Community Background:** |   I am a member of the Protestant community  |
|  I am a member of the Roman Catholic community  |
|  I am a member of neither Protestant or Roman Catholic communities  |
| *If you do not answer the above question, or if you tick the "not a member of either" box, we are encouraged to use the residuary method of making a determination, which means that we can make a determination as to your community background on the basis of the personal information supplied by you in your application form/personnel file.* |

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| **Sex:** |
| Please indicate your sex by selecting the appropriate option:  |   Male  |  Female  |

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| **Age:** |
| Please state your date of birth:  |  |

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| **Race:**  |
| Please state your nationality:  |  British Irish Other  |
| Please indicate which of the following applies to you: |  White Chinese Irish Traveller  Indian Pakistani Bangladeshi  Black Caribbean Black African Black Other  Mixed/Other |
| Mixed/Other (please state): |  |

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| **Disability:**  |
| Under the *Disability Discrimination Act 1995* you are deemed to be a disabled person if you have cancer, multiple sclerosis or HIV infection. Also, you are deemed to be a disabled person if you have a physical or mental impairment which has a substantial and long-term adverse affect on your ability to carry out normal day-to-day activities.  |
| Do you consider yourself to have a disability?  |   Yes No  |
| If you answered “yes”, please indicate the nature of your impairment by ticking the appropriate box or boxes below: | **Physical impairment**, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches |  |
| **Sensory impairment**, such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment |  |
| **Mental health condition**, such as depression or schizophrenia  |  |
| **Learning disability/difficulty**, (such as Down’s syndrome or dyslexia) or **cognitive impairment** (such as autistic spectrum disorder)  |  |
| **Long-standing or progressive illness or health condition** such as cancer, HIV, diabetes, chronic heart disease, or epilepsy  |  |
| **Other**  |  |
| **If Other (please specify):**  |  |

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| **How did you hear about this vacancy?** |
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