**Equal Opportunities Monitoring Form**

In accordance with its duty and desire to promote equal opportunities, Choose Occupational Health will provide equal opportunities to all employees and job applicants and will not discriminate either directly or indirectly because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (including colour, nationality, ethnic or national origins or caste), religion or belief, sex or sexual orientation.

To enable the Company to promote equal opportunities, a system of monitoring has been set up.

You may, of course, decide not to answer one or any of these questions, however, if you do respond, all information provided will be treated in confidence and will be used by the Company solely for the purpose of providing statistics for monitoring the existence or absence of equal opportunities in recruitment, with a view to enabling equal opportunities to be promoted or maintained.

**You are under no obligation whatsoever to complete this form if you do not wish to do so**. If you do complete it, thank you for doing so.

|  |  |
| --- | --- |
| Name: |  |
| Post title: |  |
| Gender: | Male |  |
|  | Female |  |
|  | Transgender |  |
|  | Undergone, or undergoing, male to female to female gender reassignment |  |
|  | Undergone, or undergoing, female to male gender reassignment |  |
|  | Non-binary |  |
|  | Other (please specify) |  |
|  | Prefer not to say |  |
| Marital status: | Married |  |
|  | Single |  |
|  | In a civil partnership |  |
|  | Other (please specify) |  |
|  | Prefer not to say |  |
| Age band: | Under 18 |  |
|  | 18 - 29 |  |
|  | 30 -39 |  |
|  | 40 - 49 |  |
|  | 50 - 59 |  |
|  | 60 - 65 |  |
|  | Over 65 |  |
|  | Prefer not to say |  |
| Sexual orientation: | Heterosexual |  |
|  | Homosexual |  |
|  | Bisexual |  |
|  | Other (please specify) |  |
|  | Prefer not to say |  |
| Disabilities: | None |  |
|  | Physical disability (please specify) |  |
|  | Mental disability (please specify) |  |
|  | Prefer not to say |  |
| Race/nationality/ethnic origin: | White | English |
|  |  | Scottish |
|  |  | Welsh |
|  |  | Irish |
|  |  | British |
|  |  | Other white background (please (please specify) |
|  | Mixed | White and Black Caribbean |
|  |  | White and Black African |
|  |  | White and Black British |
|  |  | White and Asian |
|  |  | Other mixed background (please specify) |
|  | Asian | Indian |
|  |  | Pakistani |
|  |  | Bangladeshi |
|  |  | British |
|  |  | Other Asian background (please specify) |
|  | Black | Caribbean |
|  |  | African |
|  |  | British |
|  |  | Other black background (please specify) |
|  | Chinese |  |
|  | Other ethnic group (please specify) |  |
|  | Prefer not to say |  |
| Religion: | Christian (please specify denomination) denomination) |  |
|  | Jewish |  |
|  | Sikh |  |
|  | Muslim |  |
|  | Hindu |  |
|  | Buddhist |  |
|  | Rastafarian |  |
|  | Baha’i faith |  |
|  | Shinto |  |
|  | Chinese folk religion |  |
|  | Non-religious/non-believer |  |
|  | Other religion (please specify) |  |
|  | Prefer not to say |  |

I confirm that I have been given a genuine choice as to whether I wish to complete this form. My explicit consent to the Company processing my personal data supplied on this form, for the purpose of providing statistics for monitoring the existence or absence of equal opportunities in recruitment, is therefore freely given and informed.

I also understand that I have the right to withdraw my consent at any time and that I may do this by sending an e-mail or other written communication to Managing Director, Choose Occupational Health.

Signed:

Date:

**Application for Employment**

**Please ensure that all areas of the form are fully completed.**

|  |  |  |
| --- | --- | --- |
| **Post Title:** | **Post Location:** | **Closing Date:**  |
|  |  |  |
| **Surname** | **First Name & Initial(s)** | **Home Telephone No. & Mobile No.** | **Email Address** |
|  |  |  |  |
| **Address** | **Do you have a current Driving Licence?** | **Type of Driving Licence (include Group codes)** |
|  | Yes 🞏 No 🞏 |  |
| **Give details of any penalties currently in force(Date/Offence code/Fine/Points)** |  |
| **Date of Birth:** |
| **National Insurance Number:** |
| **Education and Qualifications (most recent first)** |
| **Date obtained** | **Place of Study** | **Subject and Level** | **Grade** |
|  |  |  |  |
| **Additional skills and relevant training (including membership of professional bodies and any foreign language skills)** |
|  |

|  |
| --- |
| **Employment Details: Present Job or Last Job if currently unemployed** |
| Post Title | Starting Date(m/y) & Leaving Date (if applicable) | Grade and Salary | Period of notice required | Reason for leaving(if last job) |
|  |  |  |  |  |
| Name, Address and Tel. No. of Current Employer |
|  |
| Brief Description of duties and responsibilities (including to whom you are/were accountable) |
|  |
| **Employment Details: Previous jobs (state most recent first)****Please cover the last five years in full including any periods of unemployment** |
| Name and address of employer | From (month and year) | To (month and year) | Post Title | Duties and responsibilities | Reason for leaving |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Please continue on a separate A4 sheet if necessary.

|  |
| --- |
|  **Personal Statement** |
| **Please give details as to why you consider yourself suitable for this post stating any skills, knowledge and/or experience, which are relevant to the job description/person specification provided.**  |
|  |

Please continue on a separate A4 sheet if necessary (maximum 2 sides of A4).

|  |
| --- |
|  **Referees**  |
| **Please provide the names and addresses of two employment/professional referees (educational if you have not been employed):** |
| Name | Occupation / Job Title | Address and Telephone Number |
| 1. |  |  |
| 2. |  |  |

Do you object to your referees being contacted prior to interview?

Yes 🞏 No 🞏

Please be aware it is our policy to take up a combination of references from education / employment as appropriate, covering the last five years.

**Reasonable Adjustments**

Do you consider yourself to have a disability? Yes 🞏 No 🞏

If yes, please state the nature of the disability.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have a disability, please let us know if there are any specific arrangements we can make to support you, should you be invited to attend an interview or any other recruitment and selection activity. This might include having someone present to interpret sign language, or perhaps providing an accessible car parking space.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have a disability, are there any reasonable adjustments we could make, that may assist you in carrying out the duties of the post, if you were to be selected?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rehabilitation of Offenders**

The Rehabilitation of Offenders Act 1974 (Exemption Order 1975) provides that all convictions and offences of whatever nature (including motoring offences), and whenever they were committed, must be revealed when applying for this position. Please list all such convictions and/or offences below.

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Conviction/Offence | Nature of Summons/Charge/Caution/Allegation | Court | Sentence or Order |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

If none, please state none \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Asylum and Immigration**

**If you are offered employment, you must be able to produce the necessary documents to prove you have the right to work in the UK.**

**Additional Information**

All applications received will be retained for a period of six months, after such time they will be confidentially destroyed.

Please provide us with any dates within the next four weeks that you may not be available for Interview.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Please state where you have seen this vacancy advertised or how you became aware of it:

Newspaper 🞏 Job Centre Plus 🞏 Company Website 🞏 Other (please specify) 🞏

Are you related to a member of Choose Occupational Health? (If yes, please state to whom and how you are related) Yes 🞏 No 🞏

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration**

The information that I have provided is correct to the best of my knowledge and belief and I understand that any false information may lead to any offer of employment being terminated or withdrawn. I understand canvassing will automatically disqualify me. I also understand that the appointment may be subject to satisfactory criminal records checks and the receipt of satisfactory references.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

**Application Forms should be returned via email to** **office@chooseoh.co.uk** **or posted to Choose Occupational Health, 14 Hartington Place, Carlisle, CA1 1HL.**