



APPLICATION FORM - XOGRAPH HEALTHCARE LTD

Thank you for your interest in employment with Xograph Healthcare Limited. Please complete this application form in as much detail as possible. We will be using the information provided to short list candidates based on their suitability for the job as detailed in the enclosed person specification.

If you have a disability and you require having this form, or submitting the information with regard to this form, in another format, please contact our HR Dept.

Please complete in your own handwriting

APPLICATION FOR EMPLOYMENT

NAME:

POSTION APPLIED FOR:

JOB REFERENCE:

DATE:

EDUCATION AND QUALIFICATION (Most recent first)

Where applicable please include details of examinations which have been or about to be taken

Name of University/ College/School	Subject	Qualification gained (e.g. GCSE)	Grade/Result	Date

TRAINING/PROFESSIONAL QUALIFICATION

Please give details of any other training you have undertaken that may support your application. Include details of membership or affiliation to any professional institutions

Details of Training	Grade/Result	Date Completed



CURRENT/MOST RECENT EMPLOYER

Employer's Name: _____ Position Held: _____

Address: _____ Date Appointed: _____

_____ Present salary and benefits: _____

Post Code: _____

Major Duties & Responsibilities

Reason for leaving: _____ Period of Notice: _____

PREVIOUS EMPLOYEMENT (Most recent employer first)

Dates		Employer	Position Held and Key Responsibilities	Salary & Benefits	Reason for Leaving
From:	To:				



HAVE YOU EVER BEEN DISMISSED FROM A PREVIOUS JOB? YES/NO
 DO YOU HOLD A CURRENT DRIVING LICENSE? YES/NO
 DO YOU HAVE ANY POINTS ON YOUR LICENSE? YES/NO

If Yes, please provide full details:

.....

HAVE YOU EVER BEEN REFUSED CAR INSURANCE? YES/NO

REASONS FOR APPLYING

Please outline the skills, experience and knowledge you have gained through paid or unpaid employment, education or leisure interest, which are relevant to the position for which you are applying.

ADDITIONAL INFORMATION

Please use this space to tell us anything else about yourself that would support your application. This may include information that is not specific to the post for which you are applying, but may benefit the Company in another way

REFERENCES

Please supply the name, address and telephone number of two referees, one of which should be your most recent employer. If you do not want us to take up references until an offer of employment has been made and accepted, then please tick this box



REFEREE 1 (current employer):	REFEREE 2: (last employer, or college tutor, whichever is more recent):
Name:	Name:
Address:	Address:
Telephone: Email address:	Telephone: Email address:

DATA PROTECTION

The information provided in this application form will be used to assess your suitability for the post applied for, and to follow up the references. If successful, we may also use this information when considering your future training and development.

I confirm that the information provided on this form is correct to the best of my knowledge. I understand that by providing any false statements my application may be disqualified from the recruitment process, or lead to dismissal.

Signed: _____ Date: _____

Please return this form to

Human Resources, Xograph Healthcare Ltd., Xograph House, Ebley Road, Stonehouse, Gloucestershire, GL10 2LU or e-mail humanresources@xograph.com

**MONITORING – Private & Confidential
EQUAL OPPORTUNITIES AT XOGRAPH HEALTHCARE LTD**

Xograph Healthcare Ltd is committed to pursuing equality of opportunity. This means that we treat all applicants and employees fairly, irrespective of sex, disability, marital status, race, colour, nationality, ethnic or national origin, sexual orientation, religion or belief, membership or non membership of trade union or caring responsibilities. We need to find out if our policy is working in practice, particularly when we are taking on new people. To do this we need to look at:

- How we advertise the jobs;
- How we select people for interview;
- Who is offered the job; and
- What we do after a successful interview

Monitoring the recruitment and selection procedures is one way of helping to ensure that there is no unfair discrimination in the way we take on people.

How can you help us?

To do this we need to know about the age, disability, gender, race and ethnic origin etc. of people who apply to join Xograph Healthcare Ltd. We would like you to complete this questionnaire.

This monitoring form is detached before short listing and has no effect whatsoever on your application. The information you give us will be treated as confidential and is purely for monitoring our equal opportunities policy.

PERSONAL DETAILS

SURNAME:

FORENAME:

FORMER NAME:

TITLE: Mr/Mrs/Miss/Ms (Please Circle)

ADDRESS:

TELEPHONE NOS.

Home:

Work:

Mobile:

POSTCODE:

NI NUMBER:

EMAIL ADDRESS:

DISABILITY

Do you consider yourself to have, or have had a disability? If yes, please indicate which category best describes your disability (please see note below).

- | | | | |
|-------------------------------------|--------------------------|---------------------------------------|--------------------------|
| Hearing impairment | <input type="checkbox"/> | Reduced physical capacity | <input type="checkbox"/> |
| Visual impairment | <input type="checkbox"/> | Severe disfigurement | <input type="checkbox"/> |
| Speech impairment | <input type="checkbox"/> | Learning difficulty/mental impairment | <input type="checkbox"/> |
| Mobility impairment | <input type="checkbox"/> | Mental illness | <input type="checkbox"/> |
| Physical co-ordination difficulties | <input type="checkbox"/> | Other (please describe) | <input type="checkbox"/> |

If yes, please outline any reasonable adjustments that could assist you in this role:

If invited to interview would you need any particular arrangements made?

DISABILITY DEFINITION

The Disability Discrimination Act 1995 defines a disability as a physical or mental impairment, which has a substantial and long term (i.e. more than 12 months) adverse effect on a person's ability to do normal daily activities. You may still be considered to have a disability if you are not currently adversely affected but the impairment is likely to recur.

RACE/ETHNIC ORIGIN

Please choose ONE section from A to E, then tick the appropriate box (or write a description) to indicate your cultural background

- | | | | | | | |
|----------|-------------------------------|--------------------------|-------------------------|--------------------------|---|--------------------------|
| A | White | | | | | |
| | British | <input type="checkbox"/> | Irish | <input type="checkbox"/> | Any other 'white background, please write in: | <input type="checkbox"/> |
| B | Mixed | | | | | |
| | White and Black Caribbean | <input type="checkbox"/> | White and Black African | <input type="checkbox"/> | White and Asian | <input type="checkbox"/> |
| | | | | | Any other Mixed background, please write in: | <input type="checkbox"/> |
| C | Asian or Asian British | | | | | |
| | Indian | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| | | | | | Any other Asian background, please write in: | <input type="checkbox"/> |
| D | Black or Black British | | | | | |
| | Caribbean | <input type="checkbox"/> | African | <input type="checkbox"/> | Any other Black background, please write in: | <input type="checkbox"/> |
| E | Chinese or other ethnic group | | | | | |
| | Chinese | | | <input type="checkbox"/> | Any other, please write in: | <input type="checkbox"/> |

AGE

Please tick which age group you fall into:

- | | | | | | |
|--------|--------------------------|--------|--------------------------|--------|--------------------------|
| 18-24: | <input type="checkbox"/> | 25-34: | <input type="checkbox"/> | 35-44: | <input type="checkbox"/> |
| 45-54: | <input type="checkbox"/> | 55-64: | <input type="checkbox"/> | 65-75: | <input type="checkbox"/> |

GENDER	
Are you (please tick):	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>

MARITAL STATUS	
Please outline what your marital status is (please tick):	
Married: <input type="checkbox"/>	Single: <input type="checkbox"/> Divorced: <input type="checkbox"/>

CRIMINAL OFFENCES/ELIGIBILITY TO WORK/CARING RESPONSIBILITES	
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE (Which is not yet spent under the Rehabilitation of Offenders Act 1974)? Please tick:	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, PLEASE GIVE DETAILS:	
ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE UNITED KINGDOM?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU REQUIRE A WORK PERMIT?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please state what documentation you can provide in order to demonstrate this, e.g.:	
<ul style="list-style-type: none"> ▪ British passport ▪ Birth certificate ▪ European Economic Area identity card ▪ Travel document showing an authorisation to reside and work in the United Kingdom ▪ Document showing National Insurance number 	
CARING RESPONSIBILITIES? (please tick)	
Dependent children?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Elderly or other dependents?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, are you the main carer?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Where did you find out about the job vacancy for which you are applying (please tick)?			
Newspaper: <input type="checkbox"/>	Agency: <input type="checkbox"/>	Executive Search: <input type="checkbox"/>	
Xograph (website): <input type="checkbox"/>	Trade Magazine: <input type="checkbox"/>	Other: please state: <input type="checkbox"/>	

Thank you for completing this monitoring form.

Please return this form to

Human Resources, Xograph Healthcare Ltd., Xograph House, Ebley Road, Stonehouse, Gloucestershire, GL10 2LU or e-mail humanresources@xograph.com.