



# SOUTH DEVON RURAL

HOUSING ASSOCIATION LIMITED

Candidate Number \_\_\_\_\_

## Application for the Post of Care Assistant – Day or Night

Please specify whether applying for day or night

### Personal Details

Name ( in full)

Date of Birth

Address

Telephone/Daytime

Telephone/ Evening

Postcode

Mobile

e-mail address

### Notes:

1. In order for the Association to monitor the balance of applicants/appointments please complete the attached Equal Opportunities Monitoring Form.
2. This front page and the Equal Opportunities Monitoring Form will be treated in confidence and will not form part of your application
3. Candidates for any appointment with South Devon Rural Housing Association who know they are related to any member of South Devon Rural Housing Association's Board of Management, or to a senior employee, must disclose this when submitting their application form.
4. A stamped addressed envelope should accompany this application if an acknowledgement of receipt is required.

5. The successful candidate will be required to satisfy South Devon Rural Housing Association that they are medically fit to carry out the duties of the post. The successful candidate will be asked to complete a Medical Enquiry Form.

Candidate Number \_\_\_\_\_

**Application for the Post of Care Assistant**

<b>Employment Details</b>
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Present position (job title, main responsibilities, employer, date of commencement, salary )

**Previous posts/Experience:**

Name of Employer	Dates of Employment	Main responsibilities	Reason for leaving

**Education And Qualifications**

School/College	Dates attended	Title of course/grades achieved

**Details of other qualifications/courses attended**

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**Driving:**

Do you have a clean driving licence?

Do you have access to a car?

**Reasons For Applying For This Post:**

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Please explain why you wish to work for South Devon Rural Housing Association and what skills, knowledge and experience you could offer relevant to the position. Include details of any special interests, social activities and positions of responsibility held if you wish.  
(Please use additional sheets if required)

Details of any criminal convictions, if applicable

**Where did you find out about this job?**

**References**

Please give the names and addresses of two people to whom reference may be made. One should be your present or last employer. References from relatives are not acceptable.

Name

Name

Address

Address

Telephone

Telephone

May we contact your referees without further notice from you?

I certify that the information which I have given is, to the best of my knowledge and belief, correct. I understand that any false statement knowingly made renders me liable to disqualification or dismissal if appointed.

Signed

Date

Candidate No. \_\_\_\_\_

**Equal Opportunities Monitoring Form**

In order for the Association to monitor the balance of applicants/appointments please complete the section below. Information supplied will be treated in confidence, and will not form part of your application.

**1. What is your ethnic group?**

Choose One section from a to f, then tick the appropriate box to indicate your background.

**a. White**

<b>British</b>	<input type="checkbox"/>
<b>Irish</b>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>

**b. Mixed**

<b>White and Black Caribbean</b>	<input type="checkbox"/>
<b>White and Black African</b>	<input type="checkbox"/>
<b>White and Asian</b>	<input type="checkbox"/>
<b>Other Please write in</b>	<input type="checkbox"/>

**c. Asian or Asian British**

<b>Indian</b>	<input type="checkbox"/>
<b>Pakistani</b>	<input type="checkbox"/>
<b>Bangladeshi</b>	<input type="checkbox"/>
<b>Other Please write in</b>	<input type="checkbox"/>

**d. Black or Black Brit**

<b>Caribbean</b>	<input type="checkbox"/>
<b>African</b>	<input type="checkbox"/>
<b>Other Please write in</b>	<input type="checkbox"/>

**e. Chinese or Other Ethnic Group**

<b>Chinese</b>	<input type="checkbox"/>
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<b>Any other background Please write in</b>	
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f. **Refused**

**2. Are you Male or Female?**

**3. Disability**

Do you consider yourself to have a disability? Yes / No delete as appropriate

Are you registered disabled? \* Yes / No delete as appropriate

If yes please give your registration number