



Diagnostic Healthcare Ltd Employment Application Form

The completion of this application form is a vital part of our recruitment process and is used to support your CV and covering letter – please do not use it as a substitute for a CV. Please complete the form in BLACK ink or typed text. Once completed, please email to eleonor.lawrence@dhc.uk.com along with your CV and covering letter.

Position Applied For:

Personal Details

First name:

Surname:

Any other name:

Title (circle as appropriate): Miss / Mrs / Ms / Mr / Other (please specify)

Address:

Postcode:

Phone number (best one to contact you on during the day):

Email address:

Equal Opportunities

- Diagnostic Healthcare Ltd is an equal opportunities employer. In line with the Equality Act 2019, we are committed to ensuring that no job applicant or employee receives less favourable treatment on the grounds of age, gender, disability, gender reassignment, race, religion/belief, sexual orientation, maternity/paternity, or marriage status
- Our selection criteria are reviewed frequently to ensure that applicants are selected based on their merits and abilities relative to the role applied for.



- The details provided on this form will be treated in the strictest confidence and not be used as part of the selection process. This equal opportunities section is for monitoring purposes only and will be separated from your full application form and CV.
- In order for us to effectively monitor equal opportunities within the recruitment and selection process, we ask that you please provide the following information:

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

If yes, please provide details:

Do you require any reasonable adjustments to be made during the application/recruitment process: Yes / No

If yes, please provide details:

Do you have a valid permit to work in the UK: Yes / No

I would describe my ethnic origin to be:

White	Mixed	Asian/Asian British
<input type="checkbox"/> British	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Indian
<input type="checkbox"/> Irish	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Gypsy/Irish Traveler	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Chinese
		<input type="checkbox"/> Other

Black/African/Caribbean **Other Ethnic Group – please specify below:**

African

Nationality:

Other



Employee Declaration:

I can confirm that to the best of my knowledge the information I have provided on this form is accurate, and accept that if by providing deliberately false information could result in my application being disregarded.

Name:.....

Signature: Date:.....