HOPE IN CARE SERVICES
QUALITY CARE ALL THE TIME

Office 7, Peak House, Greaves Road, Rotherham, S61 1SZ
Tel: (01709) 279622 | Mob: 07711 055276
Email: info@hopeincareservices.co.uk
Web: www.hopeincareservices.co.uk

APPLICATION FOR EMPLOYMENT FORM

Please complete all the sections of this form in black ink.

Job applied for:	Job ref:	Closing Date:

Please send your completed form to: info@hopeincareservices.co.uk. Or by post to HICS, Office 7, Peak House, Greaves Road, Rotherham, S61 1SZ.

Equality of Opportunity

We are committed to promoting the equality of opportunity and welcome applications from anyone who feels they are able to carry out the required duties, regardless of any previous experience.

1. Personal Details

Please tell us about yourself:

Surname: ……

First Name: ……

Other Names ……..

Address:……..

……

HOPE IN CARE SERVICES
QUALITY CARE ALL THE TIME

Office 7, Peak House, Greaves Road, Rotherham, S61 1SZ
Tel: (01709) 279622 | Mob: 07711 055276
Email: info@hopeincareservices.co.uk
Web: www.hopeincareservices.co.uk

……Postcode: …… Home Tel:

..... Work Tel: ..... Mobile:…….

Email Address: ……

Date of Birth…….. Nationality …….

National Insurance Number: …….

(Please circle as appropriate)

May we contact you at work? YES / NO

Are you related to any present or former employees of HICS? YES / NO

How did you find out about this vacancy? ……

When can you start work with us? ……

Next of Kin to be notified in case of an emergency

Full Name: ……

Address: ……...

……... Postcode: …….

Home Tel: …… Work Tel: ……. Mobile: ……

Relationship to you: ……

HICS
QUALITY CARE ALL THE TIME

HOPE IN CARE SERVICES
QUALITY CARE ALL THE TIME

Office 7, Peak House, Greaves Road, Rotherham, S61 1SZ
Tel: (01709) 279622 | Mob: 07711 055276
Email: info@hopeincareservices.co.uk
Web: www.hopeincareservices.co.uk

2. Formal Education and Qualifications

Please tell us about your education, list any qualifications gained and any further education.

Name of School/College/University	Dates of attendance		Level of qualification e.g GSCE's 'A'- Levels, NVQ, Degree e.t.c	Grade
	From	To		

HOPE IN CARE SERVICES
QUALITY CARE ALL THE TIME

Office 7, Peak House, Greaves Road, Rotherham, S61 1SZ
Tel: (01709) 279622 | Mob: 07711 055276
Email: info@hopeincareservices.co.uk
Web: www.hopeincareservices.co.uk

3. Employment History

We need a history of your employment. Please provide details of all your employment for a period of at least 10 years, starting with your present or last position held. If there are any gaps in employment, please tell us why e.g unemployment, bringing up family, e.t.c

HOPE IN CARE SERVICES
QUALITY CARE ALL THE TIME

Office 7, Peak House, Greaves Road, Rotherham, S61 1SZ
Tel: (01709) 279622 | Mob: 07711 055276
Email: info@hopeincareservices.co.uk
Web: www.hopeincareservices.co.uk

Employer	Dates of Employment		Job title & Description of duties	Salary /Wages	Reason for leaving
	From Month/Year	To Month/Year			

4. Training – e.g Manual Handling, CPR, infection control, first aid e.t.c

HOPE IN CARE SERVICES
QUALITY CARE ALL THE TIME

Office 7, Peak House, Greaves Road, Rotherham, S61 1SZ
Tel: (01709) 279622 | Mob: 07711 055276
Email: info@hopeincareservices.co.uk
Web: www.hopeincareservices.co.uk

Please give details of any formal training or voluntary work you have undertaken to improve your employment prospects.

Details of training/voluntary work	Date from	Date to	Courses taken	Certification

5. General Information

Please provide as much information as you can.

HOPE IN CARE SERVICES
QUALITY CARE ALL THE TIME

Office 7, Peak House, Greaves Road, Rotherham, S61 1SZ
Tel: (01709) 279622 | Mob: 07711 055276
Email: info@hopeincareservices.co.uk
Web: www.hopeincareservices.co.uk

(Please circle as appropriate)

Do you currently hold a valid British Driver's licence? YES / NO

Do you have any endorsements? YES / NO

If yes, please give details ……

……..

Please state any languages you speak (please give an indication of fluency)

……

Are you currently a member of a Union or Professional Organisation offering Indemnity Insurance?

YES / NO

If yes, please provide the following details:

Name of Body: ……

Amount of cover ……..

Policy Number …… Policy start date ……...

Policy Exp Date ……...

6. References

HOPE IN CARE SERVICES
QUALITY CARE ALL THE TIME

Office 7, Peak House, Greaves Road, Rotherham, S61 1SZ
Tel: (01709) 279622 | Mob: 07711 055276
Email: info@hopeincareservices.co.uk
Web: www.hopeincareservices.co.uk

Please give details of people that will provide us with a reference. One of the referees should be your current employer. If currently unemployed, this can be you last employer. Should this not be the case, please tell us why not. Any references you provide will not be contacted before the interview, but we will contact them before appointment.

Name: ……	**Name: ……**
Position: ……	**Position: ……**
Employer:……..	**Employer:……..**
Address:……	**Address:……**
……	**……..**
Postcode:……..	**Postcode:……..**
Work Tel: ……	**Work Tel: ……**
Mobile Tel: ……	**Mobile Tel: ……**
Work Email: ……..	**Work Email: ……..**
……	**……**
Is this your current employer? YES /NO	**Is this your current employer? YES /NO**
Are they related to you? YES / NO	**Are they related to you? YES / NO**

No approach will be made present to your current employer before an offer of employment is made to you.

HOPE IN CARE SERVICES
QUALITY CARE ALL THE TIME

Office 7, Peak House, Greaves Road, Rotherham, S61 1SZ
Tel: (01709) 279622 | Mob: 07711 055276
Email: info@hopeincareservices.co.uk
Web: www.hopeincareservices.co.uk

7. Further Information

Please use the space below to tell us about any information that you fell will help you application, including any other skills you may have, Please feel free to continue on a separate sheet of paper if require.

Do you consider yourself to have a disability? YES /NO

HOPE IN CARE SERVICES
QUALITY CARE ALL THE TIME

Office 7, Peak House, Greaves Road, Rotherham, S61 1SZ
Tel: (01709) 279622 | Mob: 07711 055276
Email: info@hopeincareservices.co.uk
Web: www.hopeincareservices.co.uk

Please tell us of any reasonable adjustments we can make to assist you in your application or with our recruitment process.

Please provide dates which you are available for interview

Do you require a work permit to work in the UK? YES / NO

When can you start work with us?
…….

I can confirm to the best of my knowledge the above information is correct. I accept that providing deliberate false information could result in my dismissal.

Full Name …….

Signature ……. Date …….

FOR OFFICE USE ONLY		
		Initials
Date Application Received		
Date Application Acknowledged		

HOPE IN CARE SERVICES
QUALITY CARE ALL THE TIME

Office 7, Peak House, Greaves Road, Rotherham, S61 1SZ
Tel: (01709) 279622 | Mob: 07711 055276
Email: info@hopeincareservices.co.uk
Web: www.hopeincareservices.co.uk

Shortlisted?	**YES / NO**	
Date Applicant Informed		
Date(s) of Interview		
Interview Outcome		
NOTES		