

Job application form

Private & Confidential

Hopscotch Care Limited are pleased to forward you this application form and we would ask that you complete the form honestly and accurately, following all instructions written below in **red**.

Please complete all sections in full & in black ink.

Job details

Position Applied For:	
Please indicate preferred working arrangements:	Full time <input type="checkbox"/> / Part time <input type="checkbox"/> / BANK <input type="checkbox"/>

Personal details

Surname			
First names			
Title (Mr/Mrs/Ms/Miss)			
Other Names (Include any names that you have used since birth i.e., through marriage)		Date of Name Change: FROM / TO - MONTH/YEAR	
(You must include the month & Year for each property) Current Address:		<u>Date From:</u> MONTH/YEAR	<u>Date To:</u> MONTH/YEAR
(You must include the month & Year for each property) Last 5 years Addresses (Please use separate sheet if needed):		<u>Date From:</u> MONTH/YEAR	<u>Date To:</u> MONTH/YEAR
Email address:			
National Insurance Number:			
Mobile Number:			
Home Number:			

Present employment

Job title			
Name and address of employer			
Date commenced with employer DATE/MONTH/YEAR			
Notice required			
Briefly describe your present job; its main purpose and your responsibilities:			

Previous employment

Please ensure you list all previous employers including, temporary & voluntary and overseas or with the Armed Services. Most recent first.

You must write the full DATE, MONTH and YEAR for each position

Name & Address	Type of Business	From / To DATE/MONTH/YEAR	Position	Reason for leaving

Time Breaks in Employment

<p>Please include all gaps in employment with a reason. You must write the full DATE, MONTH and YEAR for each gap</p>		
<p>From DATE/MONTH/YEAR</p>	<p>To DATE/MONTH/YEAR</p>	<p>Reason for break:</p>

Education and qualifications

<p>Please give us information in this section about where you were educated and what qualification you achieved.</p>			
Name of School, College, University etc	From / To	Cert. Type	Subjects studied (with grades and year taken)

Training

You may have undertaken training as part of your role with previous employers or subscribed to training courses independently yourself; please highlight any currently recognised training you have taken that you feel relevant to the role applied for: -

Course Title	Organisation	From / To

Membership of Professional Bodies

Please indicate whether membership is by examination

Professional Body	Level of membership + membership number	Date Awarded

Driving Licence

Do you hold a current Driving Licence?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If YES, please state the type of licence you hold and your licence number	
Do you have any current endorsements?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If YES, please specify:	

Why are you applying for this job?

You will have received a job description with this application form, with this job description in mind could you briefly outline why you think this job is for you and what you could give to the role?

References

Please provide three references. One must be your present/most recent employer and if possible an employer prior to that.

If you are in a position where you have not been employed previously, please provide academic and character references (we would appreciate character references from professional people who may know you i.e., Doctor, Registered Nurse)

Please note: Hopscotch Care will not offer you a position without satisfactory References and a satisfactory ENHANCED Disclosure & Barring Certificate (DBS)

Present/last employer	
Name	
Address	
Tel No:	
Occupation	
Email Address	
May we contact this referee prior to interview?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Second Employer	
Name	
Address	
Tel No:	
Occupation	
Email Address	
May we contact this referee prior to interview?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Personal Referee or course tutor (if applicable)	
Name	
Address	
Tel No:	
Occupation	
Email Address:	
May we contact this referee prior to interview?	Yes <input type="checkbox"/> / No <input type="checkbox"/>

Warnings and Disciplinary Issues

Have you ever been dismissed, or have you ever resigned in the face of a dismissal or warning?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Have you ever been the subject of any allegations in relation to the safety and welfare of children, young people and/or vulnerable adults, either substantiated or unsubstantiated?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If you have answered yes to any of the above questions, you must supply details on a separate sheet of paper place it in a sealed envelope marked confidential and attach it to your application form.	
I have attached details requested	Yes <input type="checkbox"/> / No <input type="checkbox"/>

Attendance

Please give the number of days and reason for any sickness/absence days taken during the last 12 months.

Number of days:	Reason(s):

Rehabilitation of Offenders Act 1974

You are required to declare any criminal convictions (including spent, bound over and cautions) in accordance with the Rehabilitation of Offenders Act 1974. The post you have applied for carries exempt status under the provisions of the Act for which you are required to declare any convictions regardless of whether or not the time limit has elapsed.

N.B. Declaration of convictions will not necessarily bar you from employment.

Have you ever been convicted of a criminal offence?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Are there any alleged offences outstanding against you?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If YES to any of the above, please give details in a sealed envelope marked 'strictly confidential'. Failure to disclose any information relating to criminal convictions may disqualify your application or result in dismissal without notice.	

Declaration of Interests

Do you have any relationships with any person employed by or connected with Hopscotch Care Limited?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If YES, please give full details (stating department and job title):	

Disclaimer Form

We have to inform you that the Disqualification for Caring for Children Regulations 2002 applies to anyone employed in a registered or voluntary children's home.

This Regulations states the criteria under English Law for disqualification from caring for children.

The three main areas are: -

- a) Where the person has been convicted of an offence specified in Schedule 1 of The Children and Young Persons Act or one involving injury or threat of injury to another person.
- b) Where a child of the individual has at any time been the subject of a care or similar order, or where an order has been made with the purpose of removing a child from the individual's care or preventing the child from living with him/her.
- c) Where:
 - i The person has been concerned with a voluntary or registered children's home which has been removed from the register; or
 - ii An application by the person for registration of a voluntary or registered children's home has been refused; or
 - iii The person has been prohibited from being a private foster parent, or the person has been refused
 - iv registration to be a child minder or provider of day care or had his/her registration cancelled.

Declaration – Please read carefully before signing

1. I declare the I have read and understood the above and declare that I am not disqualified from caring for children under The Disqualification for Caring for Children's Regulations 2002.
2. I Can confirm that the information provided in this application is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
3. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination.
4. I agree that should I be successful in this application, the company on my behalf will apply to the Disclosure & Barring Service for a Disclosure & Barring Certificate (DBS). I understand that should the disclosure not to be to the satisfaction of the company, any offer of employment may be withdrawn or my employment termination.

Full Name (Print) _____

Signed: _____ Date: _____