

Tel: +447 480 769 310 | Landline: 0148360077

Email: info@hopecareltd.co.uk Website: Hopecareltd.co.uk

Application Form

(Please complete in block capitals)																	
PERSONAL DETAILS																	
Title:	First						Surname:										
Gender:	Name:																
	House	number	& str	eet n	ame				I	ı							
			Т	own,	/City												
				Co	unty												
	T-		Po	stal (Code				_								
Home telephone:								Mobile:									
Email:							Date of Birth:										
							(day/month/year)										
National Insu	rance								Current	UK Dri	iving		Yes		No		
Number:										License?							
									(Circle o	ne)							
Position App	lied For:							Pin	ı (if applical	ble):							
				FH	GIRILI	TV T	ω W	/ORK IN	THE UK								
are eligible to	In line with Home Office guidance on the prevention of illegal working we are required to verify that all employees are eligible to work within the UK before placement.																
Please state																	
Do you have	permission t	o work ir	1 the	UK?													
																	_
								& TRAIN									
From	То	Schoo	ol/Co	llege,	/Unive	ersit	.y			Qualif	icati	ons ob	taine	ed			
This area is limit	ed to just main	qualificatio	ns. Ple	ase at	tach yo	our C\	/ to th	nis pack to	provide furthe	er suppo	orting	informa	itio n.				
ADDITIONAL TRAINING COURSES																	
Course Instructing Body			′				Qualif	icati	ons ob	taine	ed .						
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Please provide p	rooj oj training	courses an	u certij	icutio	ıı uy ph	υιοει	opying	j reievant	cerujicates/ca	irus and	utta	ining the	em to	uns po	ick.		



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EMPLOYMENT HISTORY Please continue on a separate sheet of paper if necessary We need your history for the past 10 years, starting with the most recent first. Please include months as well as years and you must not leave any gaps. Even if you have been unemployed or in education during this time, you must state it То Job Title Hourly Name and address of From Reference Reference previous employer Rate/Salary Name Telephone No. 08/07/2019 £8.20 01902 **EXAMPLE** 12/10/2015 **SHOP FLOOR** JOHN 871039 **ASDA ASSISTANT SMITH** 20 Green Road, Wolverhampton **WV3 9PH**



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SKILLS AND EXPERIENCE						
Please detail any skills and experience you may have which could be relevant to the job.						



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DBS DISCLOSURE									
Are you willing to pay the required fee for a full enhanced DBS Disclos	ure? YES/NO								
Are you registered on the DBS Update Service?									
Do you consent Hope Care Recruitment limited consent carrying out an online status check on the DBS Update Service? YES/NO									
Next of kin:	Relationship:								
Contact Address:	Tel no:								
	Mobile:								
PROFESSIONAL REF YOU MUST FILL OUT THIS SECTION IN ORDER FO Please give the details of your most recent employers wh	OR US TO PROCESS YOUR APPLICATION								
Name of Company:	o we can contact for an employment rejerence								
	act Number:								
Email:									
Address:									
Post Code:									
Name of Company:									
Contact Name: Conta	ct Number:								
Email:									
Address:									
Post Code:									
CHARACTER REFE									
YOU MUST FILL OUT THIS SECTION IN ORDER FO									
Name: Con	tact Number:								
Email:									
How do you know this person?									
Name: Contact Number:									
Email:									
How do you know this person?									



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CRIMINAL CONVICTION DECLARATION

Do you have any Criminal Convictions? YES NO

If yes please detail below:

Date	Court	Details of Offence	Sentence				

Rehabilitation of Offenders Act 1974

The provisions of the Rehabilitation of Offenders Act 1974 make it unlawful for employers, or prospective employers, to take into account offences in relation to which the person concerned is deemed to be rehabilitated.

		DISABILITY
Do you consider yourself disabled?	YES	NO
If 'yes' please provide details of the nature of the disabili		

OPT-OUT OF 48 HOUR WORKING WEEK AGREEMENT

In accordance with the Working Time Regulations 1998, All workers of this organisation are not required to work more than 48 hours per week. Because you are no obligation on accept work offered, you will not be compelled to work more than 48 per week, however you may choose to do so.

I DO NOT wish to work more than 48hrs per week....

IDO wish to work more than 48 hours per week.

Please delete as appropriate



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PAYROLL CONFIRMATION		

Please complete the relevant section relative to the method through which you would like to be paid. Please tick one of the options

PAYE								
SELF EMPLOYED (Please provide UTR number);								
LIMITED COMPANY;								
You must also provide us with a copy of your:								
 Certificate of Incorporation Proof of Public Liability Insurance VAT Certificate (if applicable) 								
Please complete where applicable to you;	Please co	omplete	in the co	olumr	n belov	V		
Company Name								
Registered Address								
Companies House Registration Number								
VAT Registration Number (if applicable)								
Bank Name (Preferable payment account)								
Account Name								
Account Holding Branch Address								
Sort Code								
Account Number				•				
If you do not have a preferred payment method Hope Care Recruit	tment limit	ed can r	ecomme	nd on	ne of o	ur approv	ved provid	ders
DECLAR							•	
I hereby confirm that the information given is true and correct. I consent to references being passed on to potential employer I confirm I have read and understood the proceeding Terms of App	onsent to r	ny perso	onal data	and	CV bei	ng forwa	rded to cl	lients. I
I confirm that all information that I have supplied is accurate, corr	ect and up	-to-date	·•					
Signed by Candidate:								
Print Name: Date:					_			

TERMS OF APPLICATION



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1. Equal Opportunities; Ltd is committed to a policy of equal opportunities for all work seekers and shall adhere to such a policy at all times and will review on an on-going basis on all aspects of recruitment to avoid unlawful or undesirable discrimination. We will treat everyone equally irrespective of sex, sexual orientation, marital status, age, disability, race, colour, ethnic or national origin, religion, political beliefs or membership or non-membership of a Trade Union and we place an obligation upon all staff to respect and act in accordance with the policy.

Hope Care Recruitment limited Ltd shall not discriminate unlawfully when deciding which candidate/temporary worker is submitted for a vacancy or assignment, or in any terms of employment or terms of engagement for temporary workers. Hope Care Recruitment limited Ltd will ensure that each candidate is assessed only in accordance with the candidate's merits, qualification and ability to perform the relevant duties required by the particular vacancy.

- 2. **Personal payment details**; it is essential that any information you have provided us with on this form are accurate and up-to-date. Upon being offered employment with us, we will rely on this information being correct. Failure to provide us with legitimate payment information will inhibit our ability to process payroll for you. At all times it is your responsibility to ensure this information is correct and any changes to the method or account to which we pay you must be made by written request. A change of banking details for any worker being paid through PAYE systems may be requested from any given Dutton International Branch. Payment information must be provided to us 7 days ahead of your given pay-date.
- 3. Quality Health Safety and Environmental: Please note that you will be working under the direction, supervision, control and Health and Safety Policy of the Client and that you are primarily responsible for your own Health and Safety. Under these terms you must only undertake the tasks associated with your job title and you must not undertake any tasks for which you have not been trained or is beyond your capabilities. If you are asked to undertake any task for which you are not trained, is beyond your capabilities or if you consider that there are any uncontrolled risks that will affect your Health and Safety, you must immediately report these to the client's representative on site (Supervisor / Line Manager) and communicate to Dutton International office at the earliest opportunity. By signing this document, you acknowledge receipt of and agree to the safe working practices as outlined in the client's Health & Safety Policy and Arrangements together with the Quality and Environmental Management System requirements, documentation supplied separately (CD etc.).
- 4. **Data Protection;** The information that you provide on this form and on any CV given will be used by Hope Care Recruitment limited Ltd to provide you work finding services. In providing this service to you, you consent to your personal data being included on a computerised database and consent to us transferring your personal details to our clients.
 - We may check the information collected, with third parties or with other information held by us
 - We may also use or pass to certain third parties' information to prevent or detect crime, to protect public funds, or in any other way permitted or required by law.