

APPLICATION FORM

It is important that you type or write clearly using black ink when completing the form as it will be photocopied. Do not send your CV, as it will not be considered.

Completed applications should be returned to:

Hopscotch Homecare 44 Hampstead Road, London NW1 2PY

Or email to homecarerecruitment@hopscotchuk.org

Where did you first see the post advertised?

PERSONAL DETAILS

Surname:

Title (Miss/Ms/Mrs/Mr etc):

Forename(s):

Pronouns:

Home Address (including postcode):

Tel no:

Mobile no:

Email:

Period of notice required in present job:

National Insurance number:

Do you have a right to work in the UK?

Yes ☐ No ☐

If yes, what type:

Work Visa needed: Yes ☐ No ☐

If yes, what type?:

Health Declaration

Do you have any health conditions (including vision or hearing ability) that may impact your work as a Carer?

YES ☐

NO ☐

If answered yes, please provide details of health condition:

Have you received your Covid-19 Vaccines?

YES ☐

NO ☐

Rehabilitation of Offenders ACT

Have you ever been convicted of a criminal offence?

YES ☐

NO ☐

If answered yes, please provide details of offence and dates:

(This information will be disclosed by the disclosure and Barring Service (DBS) which will be required if successful. Please note a criminal record will not necessarily be a bar to employment. Criminal Records Bureau (CRB) checks are now called Disclosure and Barring Service (DBS) checks).

EDUCATION AND QUALIFICATIONS

Name of University/ College/ School	Subject	From mm/yy	To mm/yy	Results/Grades

EMPLOYMENT OR UNPAID EXPERIENCE

Employer's name & address	Position you held	From mm/yy	To mm/yy	Reasons for leaving

REFERENCES

Please provide the names and addresses of two referees (one of whom should normally be your manager/supervisor at your current workplace). For recent graduates your personal tutor could also be appropriate. **Friends or Relatives may not be given as referees.**

Name:

Job title of referee:

Tel no:

Email address:

Relationship to you:

Name:

Job title of referee:

Tel no:

Email address:

Relationship to you:

If you are short listed, references may be taken up before your interview.

☐ Please indicate if you **do not** wish us to contact your current employer prior to interview.

PERSONAL STATEMENT

Use this section to explain how your skills, achievements, qualifications and experience make you suitable for this job. You may give examples of paid and unpaid experience.

1. Do you have an NVQ Level 2 in Health and Social Care?

YES ☐

NO ☐

2. If you do not have this qualification, are you willing to attend training, and complete an NVQ Level 2 within two years of starting your employment? (Hopscotch will pay for the training)

YES ☐

NO ☐

3. Are you willing to attend further training as part of the role? (Hopscotch will pay for the training)

YES ☐

NO ☐

4.	<p>What evidence or examples can you give us to show that you are able to undertake personal care?</p>
5.	<p>What evidence or examples can you give us to show that you are organised and reliable with good timekeeping skills?</p>
6.	<p>What evidence or examples can you give us to show that you have a caring and patient nature and that you are sensitive to the needs of others?</p>
7.	<p>What evidence or examples can you give us to show that you are a team player?</p>

8.	<p>Do you have a good level of written and spoken English?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>This will be tested at the interview.</p>
9.	<p>Do you speak any other languages? Please give details below:</p>

10.	<p>Please tick your availability to work:</p> <p>Please remember you must work atleast 2 evenings a week and every other weekend</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Early Mornings: 7am – 10am</p> <p><input type="checkbox"/> Late Mornings: 10am – 12pm</p> <p><input type="checkbox"/> Early Afternoon: 12pm – 3pm</p> <p><input type="checkbox"/> Late Afternoon: 3pm – 6pm</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Evenings: 6pm – 11pm</p> <p><input type="checkbox"/> Weekends</p> <p><input type="checkbox"/> Bank Holidays</p> </div> </div> <p>Which days of the week can you work:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Saturday</p> <p><input type="checkbox"/> Sunday</p> <p><input type="checkbox"/> Bank Holiday</p> </div> </div>
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<p>I declare that the information given on this form is, to my knowledge, true. I understand that if it is subsequently discovered that any statement is false, I will be disqualified from the selection process, an offer of employment may be withdrawn, or I may be dismissed from employment without notice.</p>	
<p>Signature:</p> <p>(type name for e-mail applications)</p>	<p>Date:</p>

Diversity Monitoring

Hopscotch Women's Centre is an equal opportunities employer. We need to capture information on the diversity of our applicants and employees. The information provided will be confidential and will be used for monitoring purposes only.

Age	<input type="checkbox"/> Under 16	<input type="checkbox"/> 16-24	<input type="checkbox"/> 25-34	<input type="checkbox"/> 35-44
	<input type="checkbox"/> 45-54	<input type="checkbox"/> 55-64	<input type="checkbox"/> 65-74	<input type="checkbox"/> 75 and over
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Do you have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
What is your religion or belief?	<input type="checkbox"/> None	<input type="checkbox"/> Christian	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Sikh
	<input type="checkbox"/> Hindu	<input type="checkbox"/> Muslim	<input type="checkbox"/> Jewish	
	<input type="checkbox"/> Decline to answer	<input type="checkbox"/> Other:		
What is your sexual orientation?	<input type="checkbox"/> Gay	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Straight
	<input type="checkbox"/> Decline to Answer			
How do you identify your gender?				
What is your ethnic group?	White	<input type="checkbox"/> British	<input type="checkbox"/> Irish	
		<input type="checkbox"/> Other:		
	Mixed	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> White and Black African	<input type="checkbox"/> White and Asian
		<input type="checkbox"/> Other:		
	Asian or Asian British	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi
		<input type="checkbox"/> Afghani	<input type="checkbox"/> Other:	
	Black or Black British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Somali	<input type="checkbox"/> Other African
	Other ethnic group	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other:	