



EMPLOYMENT APPLICATION FORM

For office use only:		
Application No.	NMC PIN Check Yes / No	Passport Photo (2) Yes / No
Closing Date.	Expiry Date	Copy Car Ins. Yes / No
Shortlist. Yes / No	Photocopy of Birth cert. or	Drivers Lics. No.
D.B.S. check Rec. Yes / No	Passport Yes / No	

Please complete all sections in block capitals and black ink

General Data Protection Regulation 2018 (GDPR) By submitting your application, you accept James Hopkins Trust will use and hold your personal data for the intended purpose and in line with the General Data Protection Regulation (GDPR).

SECTION 1 – PERSONAL DETAILS

Title: Mr / Mrs / Miss / Ms (delete where appropriate)

Surname:

Previous Surnames:

Forenames:

Address:

Post Code:

Home Tel No. including STD code:

Mobile Phone No:

Email address:

Date of Birth:

National Insurance Number:

In case of Emergency: Next of Kin.

Tel No:

Address:

Work Tel No:

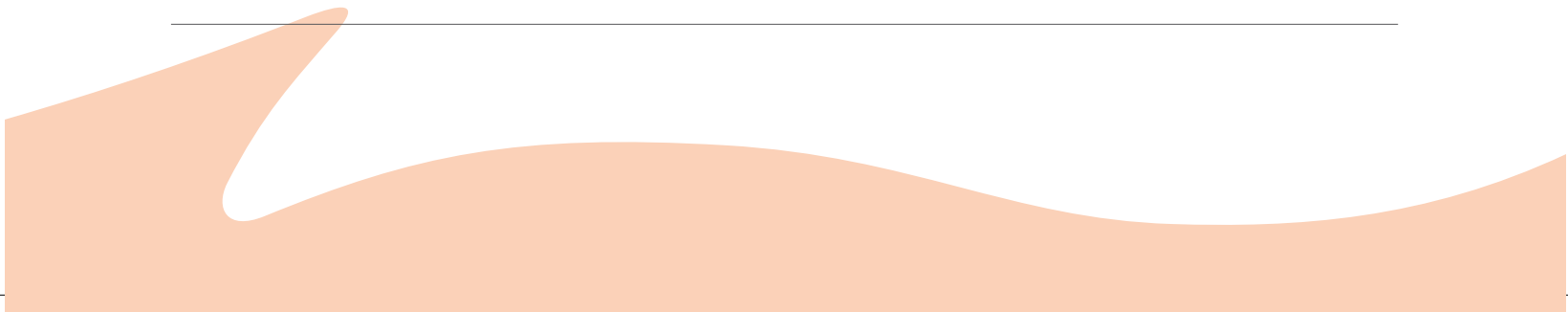
Relationship to you:

SECTION 2 - QUALIFICATIONS

Examination Taken	School/College/Training Hospital/University etc.	Grade	Date

COURSES UNDERTAKEN

Course Attended	Qualification Obtained	Grade	Date



SECTION 3 - EMPLOYMENT DETAILS

CURRENT JOB

Employer, Address & Tel No.:

PostCode:

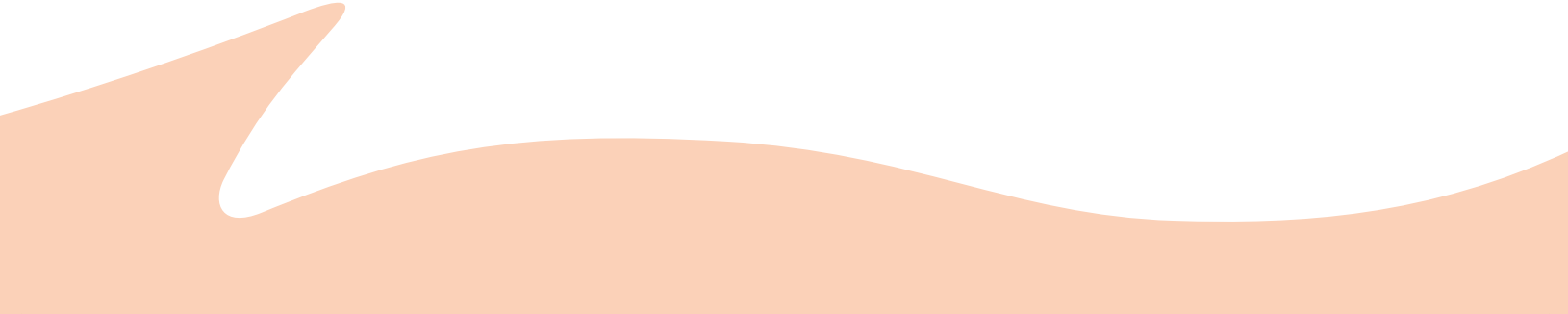
Job Title:

Start Date: _____ End Date (if applicable): _____

Band/Salary: _____ Hours per week worked: _____

Summary of main duties and responsibilities:

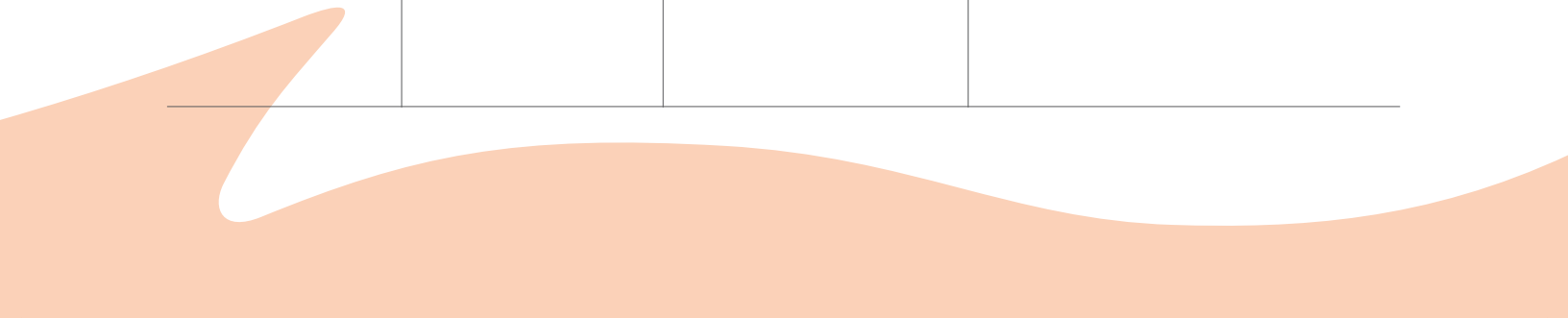
Reason for seeking employment with James Hopkins Trust:



SECTION 4 - EMPLOYMENT HISTORY

Please state all jobs with dates, together with reasons for any gaps in employment

From/To	Employer	Job Title and Grade	Reason for Leaving



SECTION 5 - SUPPORTING INFORMATION

Please use the space below to explain why you are interested in working for James Hopkins Trust and how your experience, personal qualities and skills would make you a suitable candidate for the post applied for. This can include any information you wish to share about your personal life skills, hobbies or any relevant voluntary work. Please use additional paper if required.



SECTION 6 - MEMBERSHIP OF PROFESSIONAL BODIES

(Professional Unions etc.)

NMC PIN No.: (if applicable)

DISCLOSURE AND BARRING SERVICE CHECK

This post is subject to the Rehabilitation of Offenders Act (Exceptions Order) 1975 and as such it will be necessary for a submission for Disclosure to be made to the Disclosure and Barring Service (formerly known as CRB) to check for any previous criminal convictions.

(Please delete where appropriate)

Have you ever been cautioned or convicted of a criminal offence? Yes No
If " yes" please give details on a separate sheet.

All successful candidates will require an enhanced check with the Disclosure and Barring Service (previously CRB) which will be organised and funded by the James Hopkins Trust.

Do you have a current full driving licence. Yes No

Do you have a car available Yes No



SECTION 7 - REFERENCES

Please give the names of two referees – your current and previous employers.
Referees will not be approached prior to interview.

Referee 1

Surname: _____ First Name: _____

Company: _____

Position: _____

Address: _____

Post Code: _____

Tel No. (inc. STD code): _____

In what capacity do you know the above?: _____

Referee 2

Surname: _____ First Name: _____

Company: _____

Position: _____

Address: _____

Post Code: _____

Tel No. (inc. STD code): _____

In what capacity do you know the above?: _____



SECTION 8 OTHER EMPLOYMENT DETAILS

Are you related to any member of the James Hopkins Trust Yes No

Please detail your sickness/injury at work over the last 3 years (number of days and reasons and over how many occurrences)

Please state if you have any health issues we need to know about as your employer or anything that will impact your ability to carry out your work.

Please Note: James Hopkins Trust operates a Non Smoking Policy

DECLARATION:

I certify that the information given by me in this Application Form is true to the best of my knowledge and I understand that if I am appointed and such information is found to be incorrect, James Hopkins Trust will be entitled to terminate my employment **without notice**.

Name in full:

Signed:

Date:

SECTION 9 - EQUALITY IN EMPLOYMENT MATTERS

James Hopkins Trust Equality Statement We are committed to promoting equality of opportunity for all our employees as well as maintaining a workforce that reflects our local communities we serve. In accordance with the Equality Act, we welcome applications from anyone who meets the specific criteria of the post regardless of age, disability, ethnicity, gender, gender reassignment, marital status, pregnancy, religion or belief or sexual orientation. Reasonable adjustments to the interview process can be made as required.

If you need an interpreter or need a document in another language, large print, Braille or audio version please call 01452 612216 or email info@jameshopkinstrust.org.uk.

Providing nursing respite care for children

KITES CORNER, NORTH UPTON LANE, GLOUCESTER GL4 3TR

☎ 01452 612216 www.jameshopkinstrust.org.uk

 /thejameshopkinstrust

James Hopkins Trust Registered charity number 1183110
and registered with the CQC