

EMPLOYMENT APPLICATION FORM

For office use only:		
Application No.	NMC PIN check Yes <input type="checkbox"/> No <input type="checkbox"/>	Passport Photo (2) Yes <input type="checkbox"/> No <input type="checkbox"/>
Closing Date	Expiry Date	Copy Car Ins Yes <input type="checkbox"/> No <input type="checkbox"/>
Shortlist Yes <input type="checkbox"/> No <input type="checkbox"/>	Photocopy of Birth cert. or	Drivers Lics No.
DBS check rec Yes <input type="checkbox"/> No <input type="checkbox"/>	Passport Yes <input type="checkbox"/> No <input type="checkbox"/>	

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 (tick 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:

Are you related to any James Hopkins Trust Family or Staff Member? Yes No

SECTION 3 – EMPLOYMENT DETAILS

CURRENT JOB

Employer, Address & Tel No:

Post Code:

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 5 – POSITION & AVAILABILITY

Position you are applying for:

Available start date:

SECTION 6 - 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 8 – 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 9 – 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 10 – 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
T 01452 612216 www.jameshopkinstrust.org.uk
James Hopkins Trust Registered charity number 1183110
and registered with the CQC