



HUMBERCARE APPLICATION FORM

EMPLOYMENT REQUIRED

Position applied for:
Where did you see this vacancy advertised?
When would you be available to start?
If offered this post would you continue to work in any other capacity? ✎YES ✎NO
What are your other employment commitments?
Please confirm that you are available for interview on the date stated in the advertisement. If you have a preference for time please state and we will endeavour to facilitate you if possible. ✎ YES ✎ NO

PERSONAL DETAILS

Full name: Title: Forename(s): Surname:
Home address: Post code:
Home telephone: Mobile
Are you legally eligible for employment in the U.K? ✎YES ✎NO
Do you have proof of eligibility to work in the U.K? ✎YES ✎NO (If offered an interview you must bring proof of eligibility)*.
Do you have a current full driving licence <input type="checkbox"/> yes <input type="checkbox"/> no

***Note: If you are invited to attend an interview, you must bring with you proof of eligibility to work in the U.K. regardless of your nationality. See attached list. No offer of employment will be made unless such evidence is produced.**

MEDICAL/HEALTH HISTORY

How many days have you been absent from work through illness or injury in the last two years?
On how many occasions?
Please give details?
Do you have a health problem which has lasted or will last for more than a year and impacts on day-to-day activities <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes please give details:
Are there any specific facilities you need us to provide, to help you attend an interview or to perform this job? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please give details:

EMPLOYMENT

List below present and all past employment, beginning with your most recent. Please explain any breaks in employment. PLEASE COMPLETE ALL SECTIONS

Name and address of	From:	To:	POSITION & RESPONSIBILITIES
Telephone:	Reason for leaving:		
Position in company:			

Please describe any other work you have been involved in, e.g., voluntary, freelance etc.

Dates/

duration:

Description:

Name and address of	From:	To:	POSITION & RESPONSIBILITIES
Continue on a separate sheet if needed:			
Telephone:	Reason for leaving:		
Position in company:			

Name and address of	From:	To:	POSITION & RESPONSIBILITIES
Telephone:	Reason for leaving:		
Position in company:			

Name and address of	From:	To:	POSITION & RESPONSIBILITIES
Telephone:	Reason for leaving:		
Position in company:			

Please attach further sheets if required.

Dates, From / To:

Qualifications gained

EDUCATION, QUALIFICATIONS & TRAINING

Beginning with the most recent events, give details of your education, qualifications and training to date. Include under 'Details' the places you attended.

Continue on a separate sheet if necessary.

EXPERIENCE

Outline particular experience in previous positions, or in activities outside of work that you feel show your aptitudes and suitability for this post.

Please continue on separate sheets (up to 2 A4 sides) if necessary.

INTERESTS

Give details of any interest and skills not included already:

Continue on a separate sheet (up to 1xA4) if necessary.

ADDITIONAL INFORMATION

Please detail any further information, experience and knowledge that will assist us in considering your application. (Please use the job description and person specification when completing this section).

Continue on a separate sheet (up to 2xA4) if necessary.

REFERENCES

Please provide the following details for two referees (not relatives), **one must be your present employer**, (unless not currently employed in which case it must be your last employer), whom we may approach with regard to your application.

1. PRESENT/PREVIOUS EMPLOYER	2. SECOND REFEREE
Name of Chief Officer/Exec, Director	Name:
Position in Company	Occupation/Position in Company
YOUR RELATIONSHIP TO REFEREE	YOUR RELATIONSHIP TO REFEREE
COMPANY NAME	COMPANY NAME
Address:	Address:
Telephone:	Telephone:
May we contact before interview?	May we contact before interview?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

RELATIONS OF HUMBERCARE STAFF, MANAGEMENT COMMITTEE MEMBERS & FUNDERS.

Does anyone in your household, or do any of your close relatives, work for Humbercare or our funders, or sit on our Management Committee?

YES NO

If yes, please give the following details:

NAME	RELATIONSHIP TO YOU	Do they work for Humbercare?	Do they work for our funders?	Are they on our Committee?

DECLARATION OF CRIMINAL RECORD

Whilst an investigation, caution or conviction will not necessarily be a bar to employment Humbercare requests details of your criminal record in order to ensure that people with certain offences are not placed in vulnerable positions within the organisation. (Equal Opportunities Policy Attached).

Give dates & details of any criminal convictions or cautions, you have, and/or any charges brought against you or investigations that you been involved in.

Continue on a separate sheet if needed:

IF YOU ARE OFFERED AN INTERVIEW FOR A POSITION THAT IS 'EXCEPTED' FROM THE REHABILITATION OF OFFENDERS ACT 1974, A CRB DISCLOSURE FORM WILL BE SENT TO YOU FOR COMPLETION REGARDLESS OF WHETHER YOU HAVE ANY CONVICTIONS OR NOT.

IT MUST BE COMPLETED AND BROUGHT TO THE INTERVIEW ALONG WITH THE EVIDENCE REQUIRED.

DECLARATION

- If the position to be taken is one which is 'excepted' from the Rehabilitation of Offenders Act 1974 I understand that the declaration will include details of any criminal convictions, cautions, investigations and **any other information that may have a bearing on my suitability for the post.**
- I understand too that an Enhanced Disclosure will be sought in the event of a successful application.
- I confirm that the information I have given on this form is correct and complete, and that misleading statements may be sufficient for cancelling any agreements made.

Signature _____

Date _____

Please return fully completed forms (do not attach CV's), by the advertised closing date.

(Incomplete forms and late forms will not be considered).

to:

Humbercare Ltd, 81 Beverley Road, Hull, HU3 1XR
Tel: 01482 586633

Alternatively, email your completed application form to:

info@humbercare.org.uk

FOR OFFICE USE ONLY

Application form evaluated by:

Date

Action:							
1 st Stage	SHORTLIST	<input type="checkbox"/>	or reject	<input type="checkbox"/>	or hold	<input type="checkbox"/>	
2 nd Stage	INTERVIEW	<input type="checkbox"/>	or reject	<input type="checkbox"/>	or hold	<input type="checkbox"/>	
3 rd Stage	JOB OFFER	<input type="checkbox"/>	or reject	<input type="checkbox"/>	or hold	<input type="checkbox"/>	

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