The Hope Foundation Application Form

Please return to suekearney@hope-foundation.org.uk or The Hope Foundation, 1 Grange Road, Middlesbrough, TS1 5BA.

|  |  |
| --- | --- |
| **Position Applied for:** Click here to enter text. | **Paid/voluntary:** Choose an item. |
| **Surname:** Click here to enter text. | **Forname:** Click here to enter text. |
| **Address:** Click here to enter text. |
| **Postcode:** Click here to enter text. | **Email address:** Click here to enter text. |
| **Mobile no:** Click here to enter text. | **Home no:** Click here to enter text. |

**Do you hold a current driving licence?** Choose an item.

**Are there any restrictions in you taking up employment in the UK?** Choose an item.

If yes, please provide details here.

Training & Education

|  |  |  |
| --- | --- | --- |
| **Qualification Gained** | **Training Provider/College/School** | **Date** |
| Qualifications | Training Provider or School | Click here to enter a date. |
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Employment

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & Address of Employer** | **Job title and duties** | **Rate of pay** | **Reason for Leaving** |
| Name and address of employer | Job title and duties | Rate of pay | Reason for leaving |
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**Notice required in current post:** Click here to enter text.

**Please note any other employment or volunteering you would continue with if you were successful in this position:** Click here to enter text.

Leisure

Please note here your leisure interests, sports, hobbies and other pastimes.

Why I am applying for this job

Please detail your motivation in applying for this job. Include the experience, achievements and strengths you could bring to the role and how you meet the person specification.

Click here to enter text.

Health Details

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? Choose an item.

Please specify any special arrangements you would need to attend an interview:

 Click here to enter text.

Please specify any special arrangements you would need for work:

 Click here to enter text.

Please list all absences from work in the last 12 months and the reasons for these:

Click here to enter text.

Please provide information about any health issue, disease, disorder, injuries, medication, drugs or treatment an employer would need to be aware of:

 Click here to enter text.

Criminal Record

Please note any criminal convictions except those spent under the Rehabilitation of Offenders Act 1974. If none, please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Discolsure and Barring Service.

Click here to enter text.

References

Please note the names and addresses of two persons from whom we may obtain both character and work experience references.

|  |  |
| --- | --- |
| 1. Name of reference.Relationship to you (e.g. manager/college tutor).Contact details | 2. Name of reference.Relationship to you (e.g. manager/college tutor).Contact details |

Declaration

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offer.
2. I agree that the organisation reserves the right to require me to undergo a medical examination. All information will be processed according to the Data Protection Act and that your permission will be sought prior to the organisation contacting a doctor.
3. I agree that should I be successful in this application, I will, if required, apply to the Disclosure and Barring Service for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated.

Signed: Date: