



92 Elm Grove, Hayling Island, Hampshire PO11 9EH

APPLICATION FORM

Position applied for:

Date Application completed:

PERSONAL DETAILS	
Name:	Title:
Previous Name (s):	
Address	
	Post Code
Telephone No:	Mobile No:
Nationality:	Place of Birth:
Email:	

ABOUT YOU		
Do you have a current driving licence?	Yes	No
Do you own a car?	Yes	No
If no state other transport:		
Have you had a police check?	Yes	No
Do you give consent for us to obtain a police check?	Yes	No
Do you consider yourself to have a disability?	Yes	No
Please tell us if there are any 'reasonable adjustments' we can make to assist you in your application or recruitment process		
Do you need a work permit to work in the UK?	Yes	No

Any position within Helping Hands Allcare Ltd is subject to a check by the Disclosure & Barring Service.

AVAILABILITY		
Please indicate exact times you can work		
Weekdays		Exact Times
Daytime	07.00 – 16.00	
Evenings	16.00 – 22.00	
Weekends		Exact Times
Daytime	07.00 – 16.00	
Evenings	16.00 – 22.00	

EMERGENCY COVER AND PRE ARRANGED HOLIDAYS		
Are you available for extra/Emergency cover?	Yes	No
Do you have any holidays booked?	Yes	No
Please state holiday dates.		

Date you can start work (to include notice period).		
Will this be in addition to other employment:	Yes	No

EDUCATION			
All periods of Education must be completed			
School/College	Dates From / To	Qualifications GCSE's/ A Levels/ Degrees/NVQ's	Date of Qualifications

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WORK EXPERIENCE

**Most recent employment first – Please give full employment history.
Any gaps in employment history must be accounted for and will be investigated.**

Employers Name and Address.	Dates From / To	Brief Description of Duties	Reason for leaving

Please continue on a separate sheet if necessary

SKILLS AND TRAINING

Please provide any relevant information regarding your skills, experiences and training that you feel is relevant to the job role and description and will help in the application stage.

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REFERENCES	
One referee must be your present or last employer. Full details including telephone numbers must be given	
Name	Name
Capacity in which known:	Capacity in which known:
Name of organisation:	Name of organisation:
Address:	Address:
Post Code:	Post Code:
Telephone Number:	Telephone Number:
Employment / Personal (Please circle)	Employment / Personal (Please circle)
References will be taken up before your first assignment	

DECLARATION

I declare that the information I have given on this form is, to the best of my knowledge, true and complete. I understand that if it is subsequently discovered any statement is false or misleading or that I have withheld relevant information my application may be disqualified. If I have already been appointed I understand that I may be dismissed. I hereby give my consent to the company processing data supplied on this application form for the purpose of recruitment and selection.

Signature:

Print Name:

Date:

Please send your application form to: Kerry Weatherley, Personnel Manager, Helping Hands Allcare Ltd, 92 Elm Grove, Hayling Island, Hampshire PO11 9EH

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