HIPPO CARE
Consultation & Compliance

JOB APPLICATION FORM

Section 1. General Information

How did you hear about us? (Google/Newspaper/Recommendation/other……please specify		Position applied for:	
Date available to take up employment			
Full time:	YES ☐ NO ☐	Part time:	YES ☐ NO ☐

Section 2. Personal details

Full name		Title	
Address		Postcode	
Telephone number		Mobile	
National Insurance number		Email address	
Country of Birth		Place of Birth (Town/City)	
Do you own a car?	**YES** ☐ **NO** ☐	Do you have a current licence?	YES ☐ NO ☐
If Yes, licence type	**Provisional** ☐	Full ☐	
Do you have any current driving convictions?	**YES** ☐ **NO** ☐	If yes, please give details including dates:	

Next of Kin

Title:	First Name:
Last Name	Relationship
Mobile	Home Telephone
Current Address	

Emergency Contact

Full Name	
Telephone number	
Address	
If you were NOT born in the UK, please tell us the month and year you arrived in the UK. If this is not applicable, (please circle N/A) **N/A**	MM/YY

Are you entitled to work in the UK	YES /NO	Nationality	
Do you have a Biometric Permit	YES ☐ NO ☐	**N.B Hippo Care uses the Home Office online checking service to establish an individual's right to work. If you have indicated you have a Biometric Permit, we will send details of how you can allow us entry to your Home Office records to make the required check.**	
Do you speak or read any foreign languages?	YES ☐ NO ☐	If yes, please give details (incl. fluency)	

Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK? If yes, please specify below:	YES /NO
Please specify working restrictions	
Do you have current DBS	YES / NO

It is Hippo Cares policy to have all staff members on the DBS Update Service. If you are already registered please bring a copy of your original DBS certificate to your interview. This will allow Hippo Care to check and clear you for employment at the time free of charge. If you are not yet on the updating service, we will need to do a full DBS check which will cause a delay and incur a cost to you.

Are you already registered on the DBS update service YES ☐ NO ☐	If Yes (Bring your certificate to the interview and sign consent for the check to be made	I consent to Hippo Care doing a status check on the DBS Updating Service website: Keep a copy of my DBS certificate on your file on site. Sign……Date ……

Section 3. Secondary education

School name and address	Date attended	Examinations (subject, result, etc.)

Section 3.1. Further education and training

University/College and date attended	Type of course	Subjects	Qualification or degree Achieved

Section 3.2. Occupational qualifications

College/Institute or other name and date attended	Qualification/Level

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Please include details of any other training including NVQs, Short Courses, and Company Training:

Date Attended	School College, or Firm	Title of Training Program or Course	Qualification/Grade

Section 3.3. Membership of professional body

Name of Institution	Level of membership	Date gained membership

Section 4. Previous Employment

Are you currently employed? YES / NO

IMPORTANT NOTE: You must include **ALL** you previous Jobs. Any gaps in employment must be shown and explained in the next section.

Employers name & address	Job title	From	To	Reason for Leaving
		(Month & Year)		

Gaps in employment

From	To	Reason for gap in employment

Section 5. General

Interests/hobbies (give details of pastimes, sports, etc	
If offered this position will you continue to work in any other capacity?	

Section 6. Community/volunteer experience

YES/NO	YES/NO	YES/NO

Section 7. Please Provide a Personal Statement

Section 8. Referees

Reference 1 (most recent employer) – **not members of your own family or Friends**	
Full Name	
Address	
Organisation	
Occupation	
Telephone number	
Email Address	

Work reference 2 – **not members of your own family or Friends**	
Full Name	
Address	
Organisation	
Occupation	
Telephone number	
Email Address	

Reference 3 - personal or educational – **not members of your own family or Friends**	
Full Name	
Address	
Organisation	
Occupation	
Telephone number	
Email Address	

The Data Protection Act 1998 requires that any staff handling personal data must follow certain principles in relation to the data that they hold. Individuals have rights of access to data that is held and rights to claim for damages if various offences occur. This covers manual as well as computerised records.

In implementing the legislation, Hippo Care adopts a simple and straightforward policy.

If you are unsuccessful in this application, we will keep this form on file for 6 months should you wish to be considered for other vacancies within Hippo Care.

○ Please tick to indicate your agreement to this

Have you applied for work in Hippo Care before? (if yes, pleas provide details of your application below).

Date of previous application	Previous position applied for	Did the application go through to interview

Rehabilitation of Offenders Act 1974

Hippo Care complies fully with the disclosure and barring Service (DBS) Code of Practice and we undertake to treat all applicants for positions fairly. You are encouraged to provide details of any criminal record you may have at an early stage. Please note that having a criminal record will NOT necessarily bar you from working with us. However non-disclosure at this time may affect your application with us.

The Rehabilitation of Offenders Act 1974 (Exception Order 1975) states that the Act does NOT apply to employment which is conferred with the provision of health services, or which is likely to enable the holder to have access to persons in receipt of such services in the course of their normal duties.

You must therefore, provide details of any cautions, reprimands, warnings or convictions that you may have had, regardless of whether they are 'spent 'or not.

Section 9. Criminal Record Check

I have completed / will complete an application for a criminal record check and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults or children.

I also give permission for a copy of the disclosure to which I am the subject, being made available to a named authorised person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.

Full Name: ……..…….....

Signature: ….……Date: …….

Working with Hippo Care

It is Hippo Care's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, ethnic origin, national origin, sex, sexual orientation, religion or belief, pregnancy, trans-gender status, marital or civil partnership status, age or disability.

I authorise Hippo Care to obtain references to support this application once an offer has been made and accepted and release Hippo Care and referees from any liability caused by giving and receiving information.

DECLARATION

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement will be sufficient cause for rejection or, if employed, dismissal.

Name: ……..…….....

Signature: …… …… Date: …….

Please complete the additional form: equal opportunities monitoring form. *(Please note that you are under no obligation to complete this form)*

Thank you for completing the application form. Please return this document to: care@hippo-care.com

Official use only

Interview Date	☐	Start Date:	☐
References Request Sent	☐	Reference Received	☐
Training completed	☐	Bank Details received	☐
DBS Paid	☐	No. of phots	☐
DBS check clear	☐		

Equal Opportunities Monitoring Form

The information supplied on this form will be used in total confidence and in accordance with current Data Protection Legislation. It will help to ensure the service properly monitors and conforms with its policies on equality of opportunity.

The information may also be used to assist the agency in looking at matching staff to clients where a specific client request has been made.

Gender: Male ☐ Female ☐ Prefer not to say ☐

Are you married or in a civil partnership? Yes ☐ No ☐ Prefer not to say ☐

Age: 16-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49 ☐ 50-54 ☐ 55- 59 ☐ 60-64 ☐ 65+ ☐ Prefer not to say ☐

Ethnic Origins- Please indicate the group you feel you belong to:

White: English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ Irish ☐ British ☐
Gypsy or Irish Traveller ☐ Prefer not to say ☐

Mixed/ multiple ethnic groups: White and black ☐ White ☐ Caribbean ☐ African ☐ Asian ☐
Prefer not to say ☐

Asian/Asian British: Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Prefer not to say

Any other Asian background_____

Black/ African/ Caribbean/ Black British

African ☐ Caribbean ☐ Prefer not to say ☐

Any other black/ African/ Caribbean background……

Other ethnic group
Arab ☐ Prefer not to say ☐ any other ethnic Group: ……..

Do you consider yourself to have a disability or health condition?
Yes ☐ No ☐ Prefer not to say ☐

What is your sexual orientation?
Heterosexual ☐ Gay woman/lesbian ☐ Gay Man ☐ Bisexual ☐ Prefer not to say ☐

Any other……

What is your religion or belief?

No religious belief ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐
Prefer not to say ☐

Other Religion……..

Do you currently hold training Certificates in?

Manual Handling ☐

First Aid ☐

Infection Control ☐

Food Hygiene ☐

Fire Awareness ☐

NVQ Level 2 ☐

Medication Admin ☐

NVVQ Level 3 ☐