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| **About Health & Independent Living Support (HILS)** |

HILS is a charitable not-for-profit Social Enterprise that was established in 2007 to deliver meals-on-wheels in Hertfordshire. From small beginnings with two vehicles, seven staff, and a team of volunteers, HILS has now grown into a thriving, community-focused business, providing meals-on-wheels and a range of other caring support services to elderly and disabled adults throughout Hertfordshire, West Sussex and Hampshire. HILS now has over 400 members of staff, a core team of volunteers, and over 130 vehicles operating across three counties and 13 sites.

HILS strives to deliver an excellent and caring service to every one of its clients, whilst also making a positive contribution to the communities that we serve. We believe in providing a caring and compassionate, high-quality service. In addition, we are committed to making a real difference to our clients and communities, engaging with wider social initiatives and investing in our staff. We have achieved a great deal over the past few years but we are still striving to improve everything we do.

HILS is looking for employees who are caring, flexible, committed, and have great personal skills. If you have an interest in working with elderly and vulnerable people, and you identify with our organisation’s values – you’ll be a great fit. Our values are:

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| **Application Guidance** |

Thank you for your interest in Health & Independent Living Support (HILS). Please complete this simple application form by filling in all of the required areas. If you have any queries about completing this application form, questions about the role you are applying for or any other issues, please contact us on the phone number provided below. Once you have completed this application form please return it by email or post.

**For questions call:** the HR Team on 01462 600 480

**Post application to:** HR Team, HILS, Unit 18, Green Lane One, Blackhorse Road, Letchworth, SG6 1HB

**Or email:** jobs@hils-uk.org

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| **SECTION 1: PERSONAL DETAILS** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Title:** | |  | **Surname:** | |  | |
| **First name:** | |  | **Middle names:** | |  | |
| **Address line 1:** | |  | | | | |
| **Address line 2:** | |  | | | | |
| **Town:** | |  | | **Postcode:** | |  |
| **Email address:** | |  | | | | |
| **Telephone** | **Home:** |  | | **Mobile:** |  | |

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| **SECTION 2: JOB ROLE & ELIGIBILITY** |

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| --- | --- | --- |
| **Role applied for at HILS:** |  | |
| **Location of role applied for:** |  | |
| **Days available to work:** |  | |
| **How did you hear about this role?** | | Indeed |
| **Do you currently have the right to work in the UK?** | | YES  NO |
| *NOTE: If you are not a British citizen or a citizen of another country in the European Economic Area you will need to apply to the UK Border Agency before you can take up employment in the UK.* | | |
| **Do you have any unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974? (Y/N)?** | | YES  NO |
| **If ‘Yes’, please provide further details.**  *NOTE: cautions and convictions are not necessarily a barrier to employment with HILS and will be assessed on a case-by-case basis.* | |  |
| **Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020?** | | YES  NO |
| **If ‘Yes’, please provide further details.**  *NOTE: The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered ‘protected’. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account.* | |  |

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| **Do you have a full, current UK manual driving licence?** | | YES  NO | |
| **If ‘Yes’, have you held this for over 12 months?** | | YES  NO | |
| **Have you ever been disqualified from driving?** | | YES  NO | |
| **Have you ever had your driving licence suspended?** | | YES  NO | |
| **Do you have any points on your driving license?**  *NOTE: All new starters are required to complete a DVLA check, please ensure all information given is accurate.* | | YES  NO | |
| **If ‘Yes’, please provide further details.** |  | | |
| **Have you ever experienced ‘blackouts’ or fainting episodes?** | | YES  NO | |
| **Do you suffer from any medical conditions which you are required to declare to the DVLA as they affect your ability to drive safely?**  *NOTE: this includes epilepsy, seizures, diabetes, strokes, visual impairments, or neurological conditions. Full list and more information here: www.gov.uk/driving-medical-conditions* | | | YES  NO |

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| **SECTION 3: EMPLOYMENT HISTORY** |

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| --- | --- | --- | --- |
| **Please provide us with details of your current and previous employers:** | | | |
| **Name of organisation:** |  | | |
| **Job title:** |  | | |
| **Start date:** |  | **End date:** |  |
| **Reason for leaving:** |  | | |
| **Summary of responsibilities:** |  | | |
|  | | | |
| **Name of organisation:** |  | | |
| **Job title:** |  | | |
| **Start date:** |  | **End date:** |  |
| **Summary of responsibilities:** |  | | |

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| --- | --- | --- | --- |
| **Name of organisation:** |  | | |
| **Job title:** |  | | |
| **Start date:** |  | **End date:** |  |
| **Summary of responsibilities:** |  | | |

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| **SECTION 4: QUALIFICATIONS AND TRAINING** |

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| **Qualifications** | | | |
| **Educational institution (e.g. school or college)** | **Qualification type**  **(e.g. O-level, GCSE, A level, Degree)** | **Grade or result** | **Year obtained** |
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| **Other qualifications & relevant training;**  **Please provide evidence of literacy and numeracy if no qualifications are held** | | | |
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| **SECTION 5: SUITABILITY FOR THE ROLE** |

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| **Please explain why you are suitable for this position, giving examples where possible.**  **The ‘person specification’ for this role gives details of the experience and skills we are looking for.**  **You can continue writing on a separate sheet if necessary.** |
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| **SECTION 6: REFERENCES** |

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| **Please provide the details of two individuals we can contact for a reference following interview, if you are successful:** | |
| **Name of person:** |  |
| **Name of organisation:** |  |
| **Job title:** |  |
| **How do you know them?** |  |
| **Email address:** |  |
| **Phone number:** |  |
|  | |
| **Name of person:** |  |
| **Name of organisation:** |  |
| **Job title:** |  |
| **How do you know them?** |  |
| **Email address:** |  |
| **Phone number:** |  |

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| **SECTION 7: ACCESS OR OTHER INTERVIEW REQUIREMENTS** |

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| **If we invite you for an interview, do you need any special arrangements to be made on account of a disability?** | YES  NO |
| **If ‘Yes’, please give brief details about the effects of your disability on your day-to-day activities, and any other information that you feel would help us to accommodate your needs during your interview and fulfil our obligations under the Equality Act 2010:** | |
|  | |
| *NOTE: The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities (s6). The Act requires an employer to make ‘Reasonable Adjustments’ to working conditions in order to enable disabled applicants and employees to have equal access to employment, training and development opportunities. The information disclosed here will only be used to enable a fair interview and will not be used to discount applicants. We will discuss any reasonable adjustments that may be required before and during the interview.* | |

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| **SECTION 8: DATA PROTECTION AND DECLARATION** |

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| **Data Protection Statement:**  We are collecting the information in each section of this form to help us assess your job application. We endeavour to ensure that the data you submit to us remains confidential and is used for recruitment purposes only. Any information provided will be kept by HILS in a safe place in accordance with the Data Protection Act 1998. | | | |
| **By signing this form, I certify that:**   * The information on this application form is true and correct to the best of my knowledge and I understand that giving false or misleading information may result in dismissal or disqualification. * I have read the data protection statement above and agree that information from this exercise can be stored and processed in the manner described. | | | |
| Signature: |  | Date: |  |