



# Hope Card Application Form

**Official Use ONLY**

Member #: \_\_\_\_\_

Approval: \_\_\_\_\_

**Personal Details:**

<b>Full Name:</b>	_____	<b>Contact Number Mobile:</b>	_____
<b>DOB (DD/MM/YYYY):</b>	_____	<b>Other:</b>	_____
<b>Gender: M/F/Other</b>	_____	<b>Email Address:</b>	_____
<b>Religion:</b>	_____	<b>National ID:</b>	_____
<b>Marital Status:</b>	_____	<b>Passport:</b>	_____
<b>Street:</b>	_____	<b>Drivers License:</b>	_____
	_____		_____
<b>City:</b>	_____		
<b>Country:</b>	_____		

**Community Affiliation:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Youth                                    | <input type="checkbox"/> Victims of Domestic Violence and Abuse                        | <input type="checkbox"/> Recovered Substance Abusers               |
| <input type="checkbox"/> Elderly People                           | <input type="checkbox"/> People Living in Conflict Zones                               | <input type="checkbox"/> Deportees                                 |
| <input type="checkbox"/> Women and Girls                          | <input type="checkbox"/> Migrant Workers and Undocumented Immigrants                   | <input type="checkbox"/> Persons Who Have Completed Jail Sentences |
| <input type="checkbox"/> People with Disabilities                 | <input type="checkbox"/> People Living with HIV/AIDS                                   | <input type="checkbox"/> Climate Change Affected Individuals       |
| <input type="checkbox"/> Indigenous Peoples and Ethnic Minorities | <input type="checkbox"/> People with Mental Health Conditions                          | <input type="checkbox"/> Single-Parent Households                  |
| <input type="checkbox"/> Refugees and Asylum Seekers              | <input type="checkbox"/> People Living in Rural Areas without Access to Basic Services | <input type="checkbox"/> Informal Sector Workers                   |
| <input type="checkbox"/> People Living in Poverty                 |  | <input type="checkbox"/> LGBTQ+ Individuals                        |
| <input type="checkbox"/> Homeless Individuals                     |  | <input type="checkbox"/> Other: _____                              |

**Membership Fee Selection:**

- Self-Funded
- Sponsorship

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Assessment #: \_\_\_\_\_ Signature: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Educational Background:**

**Highest Level of Qualification:**

- |   |  |
|---|--|
| <input type="checkbox"/> High School/Secondary School | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Diploma/Certificate          | <input type="checkbox"/> Doctorate/PhD   |
| <input type="checkbox"/> Bachelor's Degree            | <input type="checkbox"/> Other: _____    |

**Education:**

**High school:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Did you graduate?** Yes  No  **Diploma:** \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

Do you possess a teaching qualification or have a teacher's number?

- Yes (If yes, please provide details: \_\_\_\_\_)  
 No

Areas of Employment Opportunities Interested In: (Please tick all that apply and/or fill in)

- |   |  |
|---|--|
| <input type="checkbox"/> Administrative         | <input type="checkbox"/> Music               |
| <input type="checkbox"/> Education & Training   | <input type="checkbox"/> Art                 |
| <input type="checkbox"/> Healthcare             | <input type="checkbox"/> On Site Worker      |
| <input type="checkbox"/> IT Software            | <input type="checkbox"/> Remote Worker       |
| <input type="checkbox"/> IT Hardware            | <input type="checkbox"/> Caregiving/Day Care |
| <input type="checkbox"/> Data Entry             | <input type="checkbox"/> Cooking             |
| <input type="checkbox"/> Call Centre/Teleworker | <input type="checkbox"/> Customer Service    |
| <input type="checkbox"/> Arts & Design          | <input type="checkbox"/> Trade: _____        |
| <input type="checkbox"/> Retail & Sales         | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Custodial              | (please specify)                             |

Areas of Interest (Please check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Volunteering         | <input type="checkbox"/> Group Therapy & Support     |
| <input type="checkbox"/> Mentorship Programs  | <input type="checkbox"/> Lived Experiences Workshops |
| <input type="checkbox"/> Paid Employment      | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Educational Programs |  |

Additional Skills & Qualifications (Please briefly list/describe any skills, qualifications, or talents you possess):

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Current Employment Status & Preferences:

Current Employment Status:

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Employed Full-Time       | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Employed Part-Time       | <input type="checkbox"/> Student    |
| <input type="checkbox"/> Self-Employed/Freelancer | <input type="checkbox"/> Retired    |

- Homemaker
- Temporarily Laid Off
- Differently-abled, Not Able to Work

- Not able to find opportunity
- Other: \_\_\_\_\_  
(please specify)

If employed, please specify your current job title and company:

Job Title: \_\_\_\_\_ Company: \_\_\_\_\_

Are you actively seeking new employment opportunities?

- Yes, I'm looking for full-time employment.
- Yes, I'm looking for part-time employment.
- No, but I'm open to offers and opportunities.
- Keep me on record for future
- No, I'm not interested in new employment opportunities at this time.
- I am willing to be volunteer

Brief Personal Statement of at least 500 words (Describe in a few lines yourself, your goals):

References:

<div style="background-color: #f0f0f0; padding: 2px; margin-bottom: 5px;"><b>Full name:</b></div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>	<div style="background-color: #f0f0f0; padding: 2px; margin-bottom: 5px;"><b>Relationship</b></div> <div style="text-align: center;">:</div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
<div style="background-color: #f0f0f0; padding: 2px; margin-bottom: 5px;"><b>Company:</b></div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>	<div style="background-color: #f0f0f0; padding: 2px; margin-bottom: 5px;"><b>Phone:</b></div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
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Membership Agreement:

- I agree to the terms and conditions of Inclusive Hope's membership.
- I provide consent for my information to be used for the purpose of matching me with relevant opportunities, services, and supports.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_