

APPLICATION FOR EMPLOYMENT

Please complete **all sections** in your own handwriting using black ink. **CVs may be attached in support of the application but will not be considered as a replacement for a fully completed application form.**

It is the Hospice's policy to employ the best qualified personnel and provide equal opportunities for the advancement of employees including promotion and training, and not to discriminate against any person because of race, colour, national origin, sex, sexual orientation, marital status or disability.

Position applied for

1 Personal Details

Surname	Title (Mr/Ms/Mrs/Miss/Other)
Forenames	
Address	
.....	
Postcode Telephone No (Day) (Evening)	

2 Education & Training Details

Secondary school / further education	Dates		Examinations gained with grades
	From	To	

Please give details of additional qualifications or training (with dates where possible) including membership of professional bodies (please complete on a separate sheet if necessary)

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3 Employment Details

Present or Most Recent Employment

Name and address of employer Nature of business	Salary	Date joined	Date left	Notice required (if applicable)
Current / most recent position held:				
Details of duties and responsibilities:				
Reason for leaving / wishing to leave:				

Previous Employment

Please give details of your employment for the last 10 years. Please also state your salary / NHS Grade. Please continue on a separate sheet if necessary.

Dates From To		Employer's name and nature of business	Job title and summary of key responsibilities	Final salary	Reason for leaving

4 Additional Information

Please use this space to explain what qualities you feel you could offer to the position, and how you meet the requirements of the job. Outline aspects of your experience and give details of any particular achievements or distinctions which you consider relevant to this application. Please continue on a separate sheet if necessary.

Hobbies and interests. Please give details

Do you speak a foreign language? **YES / NO** Please give details and degree of fluency

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 provides that all convictions and offences of whatever nature (including motoring offences) and whenever they were committed must be revealed when applying for employment at the Hospice.

Do you have any such convictions ? **YES / NO**

If YES please list **ALL** such convictions (including current driving endorsements) on a separate sheet of paper which should be attached to this application form.

Are you currently being investigated by the police or other regulatory body ? **YES / NO**

If YES please give details on a separate sheet of paper which should be attached to this application form.

A CRB disclosure will be requested in the event of an individual being offered a post.

Other Details

Do you hold a full valid UK driving licence ? **YES / NO**

Do you need a work permit for employment in the UK ? **YES / NO**

In order to comply with the Asylum and Immigration Act 1996, any offer of employment will be subject to provision of documentation showing your entitlement to work in the UK (eg. National Insurance number).

Are you related to anyone employed by the Hospice ? If so, who _____

How did you hear of this vacancy? _____

5 Health

How many days' sickness absence have you had in the last two years? Please give reasons.

Last 12 Months	Previous 12 Months
Number of days:	Number of days:
Reasons:	Reasons:

Are you aware of any medical condition which may affect your ability to undertake the full duties of the post safely and without risk to your health? **YES / NO** **If yes, please give details**

Are you likely to require adjustment to the premises or working arrangements to be made on account of a disability of any kind? **YES / NO** **If yes, please give details**

The Hospice will consider making such adjustments as are reasonable in compliance with the Disability Discrimination Act 1995.

Note: A formal offer of employment cannot be made until a satisfactory medical report is received from the Occupational Health Department of the Health Authority who act as the Hospice's agents in this respect.

6 References

Please give below the names and addresses of two persons (not members of your family) who can be contacted and asked for a reference. **One should be your present or latest employer.**

Note: Two satisfactory written references must be received before a formal offer of employment can be made.

Name	Name
Address	Address
.....
.....
..... Post CodePost Code
Occupation	Occupation
Connection with Applicant	Connection with Applicant
Telephone No	Telephone No

NB. The Hospice may contact your referees **at any time** after receipt of application. If this is not acceptable please state your preference:

Declaration:

I confirm that the details I have provided on this form are correct to the best of my knowledge and I understand that any contract of employment will be jeopardised if I have misrepresented or omitted any relevant information. I understand that a Disclosure will be sought in the event of a successful application. I understand that information divulged in application forms for employment will be kept on files (both manual and computer) for recruitment, monitoring and employment purposes. Information will be stored securely in line with Data Protection Act 1998 and the CRB Code of Practice.

Signed

Date