 *Bicton Heath, Shrewsbury, SY3 8HS 01743 236565*

*Apley Castle, Telford, TF1 6RH 01952 221350* *www.severnhospice.org.uk*

**APPLICATION FOR EMPLOYMENT**

**HOSPICE AT HOME BANK REGISTERED NURSE**

Please complete **all sections** and sign off. **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, sexual orientation, marital status or disability.

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| **POSITION APPLIED FOR** | | | | | | | | | | | | |
| **Hospice at Home(H@H) Registered Nurse** | | | | | | | | | | | | |
| **PERSONAL DETAILS** | | | | | | | | | | | | |
| **Title:(Mr/Ms/Mrs/Miss/Other) Forenames: Surname:** | | | | | | | | | | | | |
| **Address & Postcode** | | | | | | | | | | | | |
| **Phone number (Preferred) Phone number (alternative)** | | | | | | | | | | | | |
| **Email address** (if inbox checked regularly) | | | | | | | | | | | | |
| **SECONDARY SCHOOL EDUCATION** | | | | | | | | | | | | |
| **School attended** | | | | | | **Date** | | **Subject , Qualification & Grade** | | | | |
| **FURTHER EDUCATION& TRAINING** | | | | | | | | | | | | |
| **School/college attended** | | | | | | **Date** | | **Subject , Qualification & Grade** | | | | |
| **PROFESSIONAL QUALIFICATIONS** | | | | | | | | | | | | |
|  | | | | | | **Date** | | **Qualification** | | | | |
| **DO YOU HAVE AN UPTO DATE REGISTRATION WITH THE NURSING AND MIDWIFERY COUNCIL IN ADULT NURSING?** | | | | | | | | | | | | |
| **Yes ○** | **No ○** | | **IF Yes please note PIN number below** | | | | | | **Expiry Date** | | | |
| **CURRENT EMPLOYMENT** | | | | | | | | | | | | |
| **Are you currently employed? Yes ○ No ○**  if no please go to next section | | | | | | | | | | | | |
| **Name & Address of Employer:** | | | | | | | | | | | | |
| **Date Joined:** | | | | | **Current Post Held:** | | | | | **Current Hourly Rate of Pay £** | | |
| **Current Hours worked per week?** | | | | | | | | | | **Over how many shifts per week?** | | |
| **Details of Duties and Responsibilities** | | | | | | | | | | | | |
| **PREVIOUS EMPLOYMENT** Please give details of your employment for the last 10 years. Please also state your salary / hourly rate and NHS Band (if applicable). Please continue on a separate sheet if necessary. | | | | | | | | | | | | |
| **Dates** | | | | **Employer’s Name and Nature of Business** | | | **Job Title and Summary of Key Responsibilities** | | | | **Final Salary / Hourly rate** | **Reason for Leaving** |
| **From** | | **To** | |
| **REHABILITATION OF OFFENDERS ACT 1974** | | | | | | | | | | | | |
| The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 provides that all convictions and offences of whatever nature (including motor 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 any 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 Disclosure and Barring Service Check (formerly CRB) to an Enhanced level 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 (e.g. National Insurance Number). | | | | | | | | | | | | |
| **Are you related to anyone employed by the Hospice? If so, who?** | | | | | | | | | | | | |
| **How did you hear of this vacancy?** | | | | | | | | | | | | |
| **Do you speak a foreign language? YES / NO** Please give details and degree of fluency | | | | | | | | | | | | |
| **HEALTH Are you aware of any reasonable adjustments to the workplace that will be necessary if you were to attend for interview? YES / NO If yes, please give details:**    The Hospice will consider making such adjustments as are reasonable in compliance with the Equality Act 2010  **Note:** A formal offer of employment cannot be made until a satisfactory medical report is received from the Occupational Health Providers who act as the Hospice’s agents in this respect. | | | | | | | | | | | | |

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| **Please use the space below to explain what qualities you feel you could offer to the position and how you meet the requirements of the job. Outline the aspects of your experience and personality that you consider relevant to this application. Please continue on a separate sheet if necessary.** | |
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| **REFERENCES**  Please give below the names and details 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. | |
| **1st Referee** | **2nd Referee** |
| **Name:** | **Name:** |
| **Address and postcode:** | **Address and postcode:** |
| **Phone Number:** | **Phone Number:** |
| **E-mail:** | **E-mail:** |
| **Relationship to you:** | **Relationship to you:** |
| **Work / Character Reference\***  \* please delete as applicable | **Work / Character Reference\***  \* please delete as applicable |

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| 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 DBS Check 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 the Data Protection Act 1998 and the DBS Code of Practice.

**I have read and understand the Application Pack relating to this position.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please now return to: HR Advisor, Severn Hospice, Bicton Heath, Shrewsbury, SY3 8HS**