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Bicton Heath

Shrewsbury

Shropshire, SY3 8HS

Tel: (01743) 236565

Fax: (01743) 261511

www.severnhospice.org.uk

**APPLICATION FOR EMPLOYMENT**

**TO THE HOSPICE BANK**

Please complete all sections. **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 gender, age, religion or belief, marital status, race, nationality, ethnic origin, sexual orientation or disability.

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| **Position Applied for** |

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| **PERSONAL DETAILS**  **Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: (Mr/Ms/Mrs/Miss/Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Forenames: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Postcode: \_\_\_\_\_\_\_\_\_\_\_\_ Telephone (Home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **EDUCATION AND TRAINING DETAILS** | | | |
| ***Secondary School/Further Education*** | ***Date From*** | ***Date To*** | ***Grades/Qualifications Achieved*** |

**FOR REGISTERED NURSES:**

**Do you have an up-to-date PIN registration with the Nursing and Midwifery Council in Adult Nursing?**

**Yes ○ No ○ If yes: PIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR HEALTHCARE ASSISTANTS**

**Do you have an NVQ in Health and Social Care Yes ○ No ○**

**If so, to which level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Please give details of additional training and qualifications (with dates where possible) including membership of professional bodies.** (Continue on a separate sheet if necessary) |

**CURRENT EMPLOYMENT**

**Are you currently employed: Yes ○ No ○**

If yes please complete below if no please go to next section

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| **Name and Address of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Current Post Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Joined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Current Hours worked per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Over how many shifts pw? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Current Hourly Rate of Pay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Details of Duties and Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Reason for wishing to join the Hospice bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**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.

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| **Dates** | | **Employer’s Name and Nature of Business** | **Job Title and Summary of Key Responsibilities** | **Final Salary / Hourly rate** | **Reason for Leaving** |
| **From** | **To** |
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**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. Passport, birth certificate).

**Are you related to anyone employed by the Hospice? If so, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you hear of this vacancy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hobbies and Interests**

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| Please give details |

**Do you speak a foreign language? YES / NO**

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| Please give details and degree of fluency |

**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.

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**HEALTH**

**Are you aware of any reasonable adjustments to the workplace that will be necessary if you were to attend for interview and/or recruitment assessment centre? YES / NO**

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| 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 provider who act as the Hospice’s agents in this respect.

**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 references must be received before a formal offer of employment can be made.

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| **1st Referee**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone Number: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **E-mail: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **2nd Referee**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone Number: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **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 2018 and the DBS Code of Practice.

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

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

**Or email HR@severnhospice.org.uk**