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Bicton Heath

Shrewsbury

Shropshire, SY3 8HS

Tel: (01743) 236565

www.severnhospice.org.uk

**APPLICATION FOR EMPLOYMENT**

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** |

**1 Personal Details**

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

**2 Education & Training Details**

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| --- | --- | --- | --- |
| 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**

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| --- | --- | --- | --- | --- |
| Name and address of employer  Nature of business | Hours of work /  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.

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| --- | --- | --- | --- | --- | --- |
| 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.

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Hobbies and interests. Please give details

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

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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 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 DBS Check (Disclosure and Barring Service – formerly CRB) 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. Passport, birth certifcaite).

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

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

**5 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 If yes, please give details**

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The Hospice will consider making such adjustments as are reasonable in compliance with 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.

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

|  |  |
| --- | --- |
| Name ...........................................................................  Address .......................................................................  .....................................................................................  ......................................................................................  ....................................... Post Code ............................  Occupation ..................................................................  Email address ............................................................. | Name ..........................................................................  Address ......................................................................  .....................................................................................  .....................................................................................  ...........................................Post Code ........................  Occupation ..................................................................  Email address ............................................................. |

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

**Signed .…………………………………………………… Date ………………………………….........**

**Email address (if applicable) : ..............................................................................**