

**APPLICATION FOR EMPLOYMENT**

**The Information on the front and back pages will be separated from the application upon receipt of a completed form and will not form any part of the selection process**

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| --- |
| **Application for the post of:** |
| **Job Reference Number:** |

**PERSONAL DETAILS**

|  |  |  |
| --- | --- | --- |
| **Surname:** | **Forenames:** | |
| **Title:** | **Address:** | |
| **Date of Birth:** |  | |
| **National Ins No:** | **Postcode:** | |
| **Email Address:** | **Home Tel No:** | **Mobile Tel No:** |

**HEALTH**

|  |
| --- |
| **All applicants will be required to undergo pre-employment medical screening.**  **It is our policy to provide assistance to disabled persons to give the opportunity of obtaining and retaining suitable employment. If you have an illness or disability which has lasted or is likely to last for at least a year, you are invited to declare below, together with any particular requirements or supportive reasonable adjustments you have to enable you to attend for an interview or to work** |

**DECLARATION**

**I declare that the information contained in this form is true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, Hospice at Home has the right to dismiss me summarily from my appointment.**

**I also understand that canvassing will disqualify me and that any offer of appointment will be subject to satisfactory medical screening and/or examination.**

SIGNATURE OF APPLICANT DATE

|  |
| --- |
| **Application for the post of:** |

**GENERAL EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Secondary School** | **Qualifications Obtained** | **Level** | **Grade** | **Date** |
|  |  |  |  |  |

**FURTHER EDUCATION, PROFESSIONAL QUALIFICATIONS**

**(**Include in this section all the relevant qualifications. All qualifications disclosed will be subject to a satisfactory check)

|  |  |  |
| --- | --- | --- |
| **University/College/Training School** | **Qualifications Obtained, Grades and Subjects** | **Date** |
|  |  |  |

**TRAINING COURSES ATTENDED**

|  |  |  |
| --- | --- | --- |
| **Title and Duration** | **Where Held** | **Date** |
|  |  |  |

**PROFESSIONAL MEMBERSHIPS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Membership**  **E.g NMC, CIPD, Institute of Fundraising** | **Level**  **Eg Student, Associate, Chartered** | **Membership Number** | **Expiry/Renewal Date** |
|  |  |  |  |

**DRIVING**

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| **Do you hold a current driving licence** |
| **Do you have use of a car for work if required** |

**PRESENT/MOST RECENT EMPLOYMENT (IF APPLICABLE)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and Address of Present or Most Recent Employer:** | **Post** |  |  |  |
| **Salary** |  |  | **No of Hours Worked** |
| **Date Appointed** |  |  | **Date of Leaving** |
| **Employers Business:** | **Reason for Leaving** |  |  |  |
| **Notice Period** |  |  |  |
| **Brief summary of duties undertaken:** | | | | |

**PREVIOUS EMPLOYMENT (MOST RECENT FIRST). PLEASE ACCOUNT FOR ALL BREAKS IN SERVICE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and Address of Previous Employer** | **Post Held & Duties Undertaken** | **From**  **DDMMYY** | **To**  **DDMMYY** | **Reason for Leaving** |
|  |  |  |  |  |

**Do you need a work permit to take up employment in the UK? Yes No**

The Asylum and Immigration Act 1996 makes it a criminal offence for an employer to take on an individual who does not have the right to work in the UK. You may be asked to confirm that you are authorised to work in the UK and produce necessary documentary evidence.

**ADDITIONAL INFORMATION**

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| You are invited to give a brief summary of your present/previous duties and any relevant experience, training and reasons for applying for the post (continue on a separate sheet if necessary) |

**REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS ORDER 1975)**

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| --- |
| In the nature of the work for which you have applied involves direct contact with people who are receiving a health service, we are obliged to ask you, in connection with this application, to disclose any convictions you may have. Under the conditions of the above order, you are not entitled to withhold any information about criminal convictions you may have had, including any spent convictions or prosecutions pending. Any such information given will be treated entirely confidentially and will be considered only in relation to applications for positions covered by the Rehabilitation of Offenders Act 1974 (Exceptions Order 1975). Any failure to disclose such conviction may result in disciplinary action or summary dismissal.  HAVE YOU HAD A CONVICTION OR HAVE ANY PROSECUTIONS PENDING? Yes No  If YES, enter details below (eg date, type of offence/sentence/fine imposed, etc) |

**PRE & POST APPOINTMENT CHECKS**

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| --- |
| Are you currently the subject of any investigation or proceedings by anybody having regulatory functions relating to health social care professions, including such body in another country?  Yes No  Have you ever been disqualified from the practice of a profession or required to practice it subject to specified limitations following fitness to practice proceedings by a regulatory body in the UK or another country?  Yes No |

**REFERENCES**

|  |  |
| --- | --- |
| **Please give detail of two referees who have already consented to be approached for a reference on your behalf, one of whom should be your present or most recent employer(s). Relatives and friends should not be given as referees.**  **School/College leavers should give School/College referees where it is not possible to give an employer.**  **Referees will be contacted upon acceptance of an offer.** | |
| **Title (Mr/Mrs/Miss/Ms/Dr)**  **Name:**  **Address:**  **Postcode:**  **Telephone Number:**  **Email address:**  **Capacity in which known:** | **Title: (Mr/Mrs/Miss/Ms/Dr)**  **Name:**  **Address:**  **Postcode:**  **Telephone Number:**  **Email address:**  **Capacity in which known:** |

**EQUAL OPPORTUNITIES MONITORING FORM**

This section of the application form will be detached from your application form. The information collected will only be used for monitoring purposes in an anonymised format and will help the organisation analyse the profile and make up of applicants and appointees to jobs in support of their equal opportunities policies.

Hospice at Home Carlisle and North Lakeland is committed to equal opportunity in its employment policy, practices and procedures. To help us to implement and monitor this policy we would appreciate you completing this form.

Completion of this questionnaire will not form any part of the selection process. The form will be separated from your application form on receipt and the information will be collated separately and used solely for monitoring purposes.

**Application for the post of: Date:**

|  |
| --- |
| **Gender** (please tick the appropriate box)  Would you describe yourself as Male Female Prefer not to say |

|  |
| --- |
| **Disability** (please tick the appropriate box) Do you consider yourself to have a disability?  Yes No Prefer not to say  **Religion and Belief** (please tick the appropriate box) Please tick the box that describes you:  Atheism Buddhism Christianity Hinduism Islam |

Jainism Judaism Sikh Other Prefer not to say

**Ethnic Monitoring** (please tick the appropriate box) How would you describe yourself?

**White Asian or Asian British Mixed Heritage**

British Bangladeshi White and African

English Indian White and Asian

Irish Pakistani White and Black Caribbean

Scottish Any other Asian background Any other Mixed background

Welsh

Any other White background

**Sexual Orientation** (please tick the appropriate box) What is your sexual orientation?

Bisexual Gay man Gay woman/Lesbian Heterosexual Other Prefer not to say

**Age** (please tick the appropriate box) What age group are you in?

18-25 26-30 31-35 36-40 41-45 45-50

51-55 56-60 61-65 66+ Prefer not to say

**NB: Please refer to the Job Applicant Privacy Notice attached setting out the way we will use your personal data.**