

## APPLICATION FOR EMPLOYMENT

*Please complete all sections of this form, even if you are also enclosing a CV*

Position applied for:

Date:

Please complete the form fully, and as accurately as possible in black ink. You should demonstrate on your application form how you meet the essential and desirable criteria as on the Person Specification provided.

### A. PERSONAL DETAILS

TITLE Mr/Ms/Mrs/Miss	SURNAME	FIRST NAME (S)	
ADDRESS		<b>TELEPHONE</b>	
		Day	May we contact you at work    Yes/No
		Eve	
POSTCODE		Mobile	

UK National insurance number	
Do you need a permit to take up work in the UK?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please supply details of any permit currently held, including number, validity and expiry date	

Do you hold a current driving licence?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have your own transport?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Have you ever been dismissed from employment for any other reason than redundancy?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes please give details	

Please state how the vacancy came to your attention	
If you are related to a Trustee, or have a relationship with a Trustee or employee of the organisation, please state the relationship.	

### HEALTH

All job offers will subject to an Occupational Health Screening

**B. EMPLOYMENT HISTORY**

Present/Most recent Post Held		
Employer Name		
ADDRESS	Start Date	
	Leave Date (if applicable)	
	Salary	
	NHS Grade/Band (if applicable)	
POSTCODE	Notice Period	
Description of duties/responsibilities		
Reasons for leaving/wishing to leave		

Please record details of your previous employment. Beginning with the most recent first adding any additional employers/information on a separate sheet.

Name and address of employer	Job Title/duties/responsibility
Length of employment	Reason for Leaving

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Length of employment	Reason for Leaving

**C. REFERENCES**

Please give the names of the people who have agreed to supply references. For all positions you must provide 2 references. If you are, or have been employed, these should be your two most recent employers. These may include your line manager or someone in a position of responsibility who can comment on your work experience, competence, personal qualities and suitability for the post. If you are a student please provide contact details of a teacher at your school, college or university. Please note that personal references such as friends and relatives are not acceptable. References will not be obtained prior to interview, however no written offer will be made until references have been obtained.

**Referee 1**

Job Title	
Full Name	
Address	
Telephone Number	
Fax Number	
Email address	
Relationship	

**Referee 2**

Job Title	
Full Name	
Address	
Telephone Number	
Fax Number	
Email address	
Relationship	

**D. EDUCATION AND PROFESSIONAL QUALIFICATIONS**

Include in this section all the relevant qualifications. Please also indicate any subjects currently being studied.			
Place of study (Secondary School, college etc.)	Subject/Qualification	Grade/Result/Level Attained	Year

**E. TRAINING COURSES ATTENDED**

Include in this section all the relevant training courses that you have attended or details of courses that you are currently undertaking.			
Course Title	Training Provider/Place	Duration	Date completed

**F. MEMBERSHIP OF ANY PROFESSIONAL BODIES**

Include in this section any relevant professional registrations or memberships			
Professional Body	Membership/Registration Type	Membership/ Registration PIN	Expiry/Renewal Date

If you are applying for a post that requires professional registration you are required to provide the following information:

Are you currently the subject of a fitness to practice investigation or proceedings by a licensing or regulatory body in the UK or any other country?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

**G. SUPPORTING INFORMATION**

**In this section, please give your reasons for applying for this post. This should include any strengths you would bring to this post, relevant skills, knowledge, experience, training, voluntary activities and interests etc.**

Supporting Information (Please continue on additional sheets if necessary)

Empty response area for supporting information.

**H. ADDITIONAL INFORMATION**

**REHABILITATION OF OFFENDERS ACT**

<p>Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which or other purposes are “spent” under the provisions of the Act, and in the event of employment, any failure to do disclose such convictions could result in dismissal or disciplinary action by the Hospice. Any information given will be completely confidential and will be considered only in relation to applications for positions to which the order applies:</p>	
<b>Details of convictions</b>	

**I. DECLARATION OF APPLICANT**

<p>1. All the information in this application is correct. I agree that any deliberate omissions, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation.</p> <p>2. I understand that the appointment if offered:</p> <ul style="list-style-type: none"><li>• Will be subject to a Criminal Records Bureau Disclosure check</li><li>• Will be subject to Occupational Health Screening</li></ul>	
<b>Signature</b>	
<b>Date</b>	