

EMPLOYMENT APPLICATION FORM

Position applied for: Date of Application:

Section 1. Personal Details	Title: Ms/Miss/Mrs/Mr/Dr
Surname:	First Names:
Address:	Tel: Work:
.....	Home:
.....	Mobile:
Postcode:	E-mail:
	May we contact you at work YES / NO
National Insurance No.	
Do you have a current driving licence? YES / NO	
Details of any endorsements.....	Date:
Do you need a work permit to work in the UK? YES/NO	
Clinical Staff:	
Registered Qualifications	
NMC Pin No:	Renewal Date
GMC Reg. No:	Renewal Date

Section 2. Education	Qualifications
Secondary Schools	Gained
.....
.....
.....
Further Education:
Establishment.
.....
.....
.....
.....

Section 3. Employment History
Present or most recent employment

Name and address of employer Job Title (F/T or P/T)

.....

.....

.....

.....

Telephone No: Main Duties

.....

.....

Dates of (a) Commencement: (b) Termination

Reason for leaving:

.....

Notice required to terminate: Current Salary

Second most recent employment

Name and address of employer Job Title (F/T or P/T)

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.....

Telephone No: Main Duties

.....

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Dates of (a) Commencement: (b) Termination

Reason for leaving:

Previous Employment: *most recent first. (Continue on additional page, if necessary)*

Employer Name and Address	Job Title	Dates	Reason for leaving
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Section 4. Other Relevant Training \ Qualifications \ Information

Date
Obtained

Section 5. Referees: *(Give the name of two referees, which should be your present and previous employer)*

Name:
Address:

Name:
Address:

Postcode:
Tel. No. *(State home or office)*

Postcode:
Tel. No. *(State home or office)*

Occupation/capacity in which referee knows you.

Occupation/capacity in which referee knows you.

Length of time known:

Length of time known:

Permission to contact
(delete) (i) if short listed

Permission to contact
(delete) (i) if short listed

(ii) only after interview

(ii) only after interview

Section 6. Hobbies / Interests

Section 7a. Criminal Convictions

Because of the sensitive nature of the duties that the post-holder will be expected to undertake, appointments are covered by the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendment) Order 1986, and in accordance with the Care Standards Regulations and you are therefore required to disclose details of anything on your criminal record, (convictions, cautions, reprimands and final warnings), however long ago these occurred.

Only relevant convictions and other information will be taken into account so an adverse report need not necessarily be a bar to obtaining this position. If you have declared a criminal record and we believe this to have a bearing on the requirements of the post, we will discuss the matter with you at interview. If we do not raise the record with you, it is because we have taken the view that it should not be taken into account in deciding your suitability for the post.

Have you ever been convicted by the courts (either spent or unspent convictions), or cautioned, reprimanded, or given a final warning by the police?

YES / NO (*Please delete*) If YES please give brief details of offences and penalties, together with dates on a separate page.

Please note, you will be asked to submit an application to the Criminal Records Bureau for the disclosure of any records they hold about you.

Section 7a. Cont...)

Have you ever received a criminal conviction in any country other than the UK

YES / NO (*please delete*)

If YES please give brief details of offences and penalties, together with dates:

Are you currently the subject of any police investigation and / or prosecution, in the UK or any other country?

YES / NO (*Please delete*)

If YES please give brief details of offences and penalties, together with dates:

.....
.....
.....
.....
.....

Section 7b. Clinical Appointments

If applicable, are you currently the subject of any investigation or proceedings by any body having regulatory functions in relation to health/social care professions, including such a regulatory body in another country?

YES / NO (*please delete*)

If YES please give brief details:

.....
.....

If applicable, have you ever been disqualified from the practice of a profession or required to practice it subject to specific limitations following a fitness to practice investigations by a regulatory body in the UK or another country?

YES / NO (*please delete*)

If YES please give brief details:

.....
.....

Section 8. Data Protection Act

The information you give will be kept confidential. The Data Protection Act requires that the personal information be obtained and processed fairly and lawfully; only be disclosed in appropriate circumstances: be accurate, relevant and not held longer than necessary, and be kept securely.

Section 9. Declaration

I declare that the information, which I have given in this application form, is true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, this may lead to dismissal from employment with St. Clare Hospice.

Signature of Applicant.....

Date:

[On a separate form]

In strict confidence

To help develop and implement our Equal Opportunities Policy all applicants are requested to answer the following questions. This information will be used solely for monitoring purposes and treated as confidential. It will be separated from your application form on receipt and before consideration of candidates takes place.

APPLICATION FOR THE POST

SURNAME

EQUAL OPPORTUNITIES INFORMATION

How would you describe your ethnic origin:

Ethnic Categories*

A. White

- British
- Irish
- Any other White background

D. Black or Black British

- Caribbean
- African
- Any other Black background

B. Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

E. Other ethnic groups

- Chinese
- Any other ethnic group

C. Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

*Based on 2001 Census

Other (please specify):.....

Country of origin:.....Nationality.....

Are you: Male Female

Would you describe yourself as a person with a disability? Yes No

Date of Birth:.....

New Form

[Only to be given to Candidates who are to work with the Hospice Clients/Patients]

Health Details

Disability – Do you have a disability, which may be relevant to your application, and/or as defined by the Disability Discrimination Act which states that – a person has a disability if he/she has a physical or mental impairment which has a substantial and long term effect on his/her ability to carry out normal day-to-day activities.

YES / NO (*please delete*)

If YES, please provide details:

Do you suffer from any permanent illness or allergy? YES / NO (*please delete*)

If YES, please give details