
### APPLICATION FOR EMPLOYMENT

# St. Godwald’s Road

# Bromsgrove

**Worcestershire**

# B60 3BW

|  |  |
| --- | --- |
| Job Title |  |
| Department |  |

#### Personal Details

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| --- | --- | --- |
| Surname/Family name |  |  |
| First Names |  |  |
| Name in which you are registered with a professional body (if applicable) |  |  |
| Title |  |  |  |
| UK National Insurance No. |  |  |  |
| Address |  |  |
| Postcode |  |  County |  |
| Home Telephone |  |  Mobile Telephone |  |
| Work Telephone |  |  May we contact you at  work |  Yes No |
| Email Address |  |  |
| Do you require us to obtain a work permit for you to work in the UK under the terms of the Immigration Asylum Act 1996? |
|  Yes No |
| Please supply details of any permit currently held including number, validity and expiry date. |
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| **This page will be not be considered by the shortlisting panel** **CONVICTIONS AND ENHANCED DBS CHECK**  |
| Because of the nature of the work for which you are applying, this post is exempt from the provision of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are, therefore, required to declare any pending criminal prosecutions they may have as well as any spent criminal convictions, cautions, reprimands and final warnings as defined under the above Act. The only exception to this requirement is that applicants do not need to disclose any ‘protected’ cautions or convictions as defined by The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) England and Wales) Order 2013. Guidance and criteria on the filtering of these cautions and convictions can be found at **https://www.gov.uk/government/news/disclosure-and-barring-service-filtering** and in the **guidance note to applicants on disclosing information about cautions and convictions in their applications.** In the event of employment any failure to disclose unprotected convictions or cautions could result in disciplinary action which may lead to your dismissal from the Hospice. You are asked to note that all applicants who are offered employment will be subject to a criminal records check from the Disclosure & Barring Service (DBS). This will include details of unprotected **cautions, reprimands or final warnings, as well as convictions**. Any appointment is subject to satisfactory clearance of this check.

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| **1 Do you have any cautions (including any final warnings or reprimands) or convictions which are not “protected” as defined by the Exceptions Order 1975\* to the Rehabilitation of Offenders Act 1974?**  | **YES/NO**  |
| **2 Are there any other matters that may be relevant to your suitability to work for the Hospice? (There is no obligation to disclose a protected caution or conviction as defined by the Exceptions Order 1975\* or any circumstances ancillary to that protected caution or conviction).**  | **YES/NO** |
| **\*As amended by the 2013 Exceptions Order** **If YES, please give details and date(s) on a separate sheet and place it in a sealed envelope marked ‘Private and Confidential – FAO the Personnel Manager’** |  |

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#### DECLARATION

The information in this form is true and complete. 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. This applies equally to any medical questionnaire/forms I may complete.

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| --- |
| I agree to the above declaration |
| Signature |  |
| Name |  | Date |  |

**Education & Professional Qualifications**

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| Include in this section all the relevant qualifications. Please also indicate subjects currently being studied. |
| Subject/Qualification | Place of Study | Grade/result | Year |
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**Training Courses Attended**

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| Include in this section any relevant training courses that you have attended or details of courses that you are currently undertaking. |
| Course Title | Training Provider | Duration | Date Completed |
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**Membership of Professional Bodies**

Include in this section any relevant professional registrations or memberships.

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| --- |
| Please indicate your Professional Registration status: |
| Not Required for this postI have current UK registration | UK registration applied forUK registration not yet applied forI am a student |

If a professional registration is not required then go to Employment History

|  |
| --- |
| If you are registered then please enter the relevant details below: |
| Professional Body | Membership or Registration type | Membership/RegistrationNumber | Expiry/RenewalDate |
|  |  |  |  |
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If you are applying for a post that requires professional registration you are required to provide the following information:

|  |  |
| --- | --- |
| Are you currently subject of a fitness to practice investigation or proceedings by a licensing or regulatory body in the UK or in any other country? | YesNo |
| 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? | YesNo |

**Employment History**

Please record below the details of your current or most recent employer

|  |  |
| --- | --- |
| Employer Name |  |
| Address |  |
| Type of Business |  | Telephone |  |
| Job Title |  |
| Start Date |  | End Date |  |
| Grade |  | Salary |  |
| Reporting to (job title) |  | Notice Period |  |
| Reason for leaving (if applicable |
|  |
| Description of your duties and responsibilities |
|  |

**Previous Employment**

Please record below the details of your previous employment beginning with the most recent first. Please explain any gaps in employment in the ‘Supporting Information’ section below. Please add additional employers/information on a separate sheet.

**Previous Employer 1**

|  |  |
| --- | --- |
| Employer Name |  |
| Address |  |
| Job Title |  | Grade |  |
| From Date |  | To Date |  |
| Reason for Leaving |
|  |
| Description of your duties and responsibilities |
|  |

**Previous Employer 2**

|  |  |
| --- | --- |
| Employer Name |  |
| Address |  |
| Job Title |  | Grade |  |
| From Date |  | To Date |  |
| Reason for Leaving |
|  |
| Description of your duties and responsibilities |
|  |

**Previous Employer 3**

|  |  |
| --- | --- |
| Employer Name |  |
| Address |  |
| Job Title |  | Grade |  |
| From Date |  | To Date |  |
| Reason for Leaving |
|  |
| Description of your duties and responsibilities |
|  |

**Supporting Information**

In this section please give your reasons for applying for this post and additional information which shows how you match the person specification for the job (you will have been sent this document with the application form). This can include relevant skills, knowledge, experience, voluntary activities and training etc. If relevant to the post for which you are applying you should include details about research experience, publications or poster presentation, clinical care (knowledge and skills) and clinical audit.

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| Supporting information (please continue on additional sheets if necessary). |
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**Additional Personal Information**

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| --- | --- |
| Preferred Employment Type |  Full Time Part Time Job Share Flexible Hours |
| Do you have a valid driving licence for the UK? |  Yes No |
| Do you have access to a vehicle which can be used for work purposes? |  Yes No |
| Do you need special arrangements to enable you to attend for interview? |  Yes If so, please give details below No  |

**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. For all posts written references obtained must cover the preceding 3 years of employment. All referees will be approached prior to interview unless you indicate otherwise.**

**Referee 1**

|  |  |  |  |
| --- | --- | --- | --- |
|  Surname/Family name |  |  First Name |  |
|  Job Title |  |  |  |
|  Address |  |  |  |
|  Post Code |  |  County |  |
|  Telephone |  |  Fax |  |
|  Email |  |  |  |
|  Relationship |  |  Can the referee be contacted prior to interview |  Yes No |

**Referee 2**

|  |  |  |  |
| --- | --- | --- | --- |
|  Surname/Family name |  |  First Name |  |
|  Job Title |  |  |  |
|  Address |  |  |  |
|  Post Code |  |  County |  |
|  Telephone |  |  Fax |  |
|  Email |  |  |  |
|  Relationship |  |  Can the referee be contacted prior to interview |  Yes No |