



Confidential Application Form

Please use black ink

PERSONAL INFORMATION	
Mr/Mrs/Ms/Miss/Other Surname (Block Capitals)	First Name(s) (Block Capitals)
Current Address (Block Capitals) Postcode Home Telephone Number: Mobile Telephone Number: Work Telephone Number: May we contact you at work? YES/NO E-mail address:	Known As:
	Position applied for:
	National Insurance Number: Do you hold a driving licence? YES/NO Do you have regular use of a vehicle? YES/NO
	Availability: When could you take up an appointment?
NMC Registration Number (if applicable): Renewal Date:	
How did you hear about this vacancy?	

CURRENT OR MOST RECENT EMPLOYER	
Employer's Name	Salary:
Employer's address	Job title:
	Date appointed:
	Date left:
	Reason for leaving (if applicable):

OTHER PREVIOUS EMPLOYMENT

Employment: Names & addresses of current and previous employer(s) & nature of business	Date From To		Final salary	Position held	Reason for leaving

If space is insufficient please attach a separate sheet

Please give details of any gaps in your employment history:

GENERAL EDUCATION AND ACADEMIC QUALIFICATIONS

Name of school/ college	Date		Examinations passed	Year attained
	From	To		

If space is insufficient please attach a separate sheet

PROFESSIONAL AND VOCATIONAL QUALIFICATIONS

Name of college/ training establishment	Date		Qualifications achieved	Year attained
	From	To		

If space is insufficient please attach a separate sheet

BACKGROUND AND SUPPORTING INFORMATION

Please detail your reasons for applying for this post and, using the job description and person specification, outline your experience, skills and knowledge which you think may be relevant to this position, and why you believe you are suitable for the role:

If space is insufficient please attach a separate sheet

REFERENCE DETAILS

Please give the name and address of two referees. If you have been in employment please quote your present or more recent employers. Your referees should be your previous line managers, and not workplace colleagues. If you are unable to provide an employer then please give details of a person who knows you, other than in a personal capacity (e.g. in a working or volunteering capacity).

The organisation reserves the right to take up references from any previous employers.

Name

Name

Designation

Designation

Organisation.....

Organisation.....

Address

Address

.....

.....

.....

.....

.....

.....

Tel No

Tel No

Email

Email

In what capacity do you know them?

In what capacity do you know them?

Are you willing for this referee to be contacted prior to interview? YES/ NO

Are you willing for this referee to be contacted prior to interview? YES/ NO

CRIMINAL CONVICTIONS

In compliance with the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendment) Order 1986 applicants for positions working directly with patients or finance must declare **all** convictions or cautions, be they spent or unspent. Applicants for other positions need to declare unspent convictions and cautions only.

Failure to disclose such information could result in subsequent dismissal or disciplinary action if you were appointed. Details of any convictions or cautions or pending court cases or any current police investigation should be attached to this application in a sealed envelope addressed to the Head of Human Resources.

Those who have no (pending) convictions should state here: "I have no convictions and/or cautions and/or pending court cases".

.....
.....

Please note that the successful applicant may be subject to a criminal record check from the Criminal Records Bureau. The Peace Hospice aims to promote equality of opportunity, and only relevant convictions will be taken into account, and a criminal record will not necessarily bar you from employment with the Hospice.

ASYLUM AND IMMIGRATION ACT 1996

In accordance with the Asylum and Immigration Act 1996, we are required to ensure that only those legally entitled to live and work in the United Kingdom are offered employment.

Do you need a work permit to work in the UK? YES/NO

DECLARATION

Are you related to, or the partner of, any employee of the Organisation: YES/NO

If **yes**, please state the name, and, if an employee, the title of the post they hold.

Name: (Employee) Job Title:

I declare that the information on this form is true and correct and may be used for registered purposes under the Data Protection Act 1998. I understand that any information which is subsequently found to be false or misleading may, in the event of employment, result in dismissal or disciplinary action being taken.

Signature:

Date:

Completed application forms must be returned to the address below (you may also enclose your c.v.):

**Lesley Kerr
Personnel Administrator
The Peace Hospice
Peace Drive
Watford
Herts
WD17 3PH**

Equal opportunities in employment monitoring information

The Peace Hospice operates an equal opportunities policy which requires fair and equal treatment of all job applicants.

We wish to ensure that all employees are recruited, developed and promoted on the basis of their ability, the requirements of the job and the need to maintain a highly effective and efficient patient care service.

To help check whether this policy is working effectively, we record the ethnic origin and sex of all applicants and ask whether applicants are in any way disabled. Please fill in the following sections to enable us to do this.

This information will in no way affect your application for employment

Title: Mr / Mrs / Ms / Miss / Other _____

Name: _____

Post applied for: _____

Date of birth: _____

How would you describe your ethnic origin?

(These classifications are those recommended by the Commission for Racial Equality)

Please tick where appropriate -

- | | |
|--------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Black - African | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> White |
| <input type="checkbox"/> Black - Other (specify) | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Chinese | |

Do you consider yourself to have a disability? YES/NO

If YES, please give details

.....

Are you registered disabled? Yes Registration No..... No

If you have any queries regarding this form, please contact the Head of Human Resources or Chief Executive.