



Hospice Care

APPLICATION FORM

This form must be completed by the applicant personally. Please continue on reverse of the form if necessary.

Position applied for:
How did you become aware of this vacancy?
Media:

PERSONAL INFORMATION

Surname: _____	Title: Dr/Mr/Mrs/Miss/Ms/Other: _____
Forenames: _____	
Address: _____	
	Postcode: _____
Contact details: (Please tick preferred contact number)	
Email address: _____	
Telephone:	<input type="checkbox"/> Home: _____
	<input type="checkbox"/> Business: _____
	<input type="checkbox"/> Mobile: _____
National Insurance (NI) Number: _____	

PLEASE TELL US WHY YOU ARE APPLYING FOR THIS POSITION:

(Please continue on the reverse of this sheet if necessary)



Hospice Care

EDUCATION

Please provide details of your education history with dates which has not been covered by your CV.

Secondary Schools, Colleges, Universities etc attended	From	To	Courses taken with results or results awaited	Date attained

PROFESSIONAL QUALIFICATIONS AND MEMBERSHIP OF PROFESSIONAL BODIES

Level of membership and date attained:

Professional qualifications being studied for (give stages, dates, etc):

OTHER

EMPLOYMENT

Please provide details of your employment history with dates for the past 10 years which has not been covered by your CV. Include additional pages if required to cover your employment history.

PRESENT OR MOST RECENT EMPLOYMENT

Employer's name and address:	Date started:	Salary:
	Date left:	
	Employer's business:	
Position held:	Reason for leaving if no longer serving:	
Description of duties:		

Employer's name and address:	Date started:	Salary:
	Date left:	
	Employer's business (if not NHS):	
Position held:	Reason for leaving if no longer serving:	
Description of duties:		

Employer's name and address:	Date started:	Salary:
	Date left:	
	Employer's business (if not NHS):	
Position held:	Reason for leaving if no longer serving:	
Description of duties:		



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EMPLOYMENT GAPS

If you have any gaps within your employment history, please explain the reasons below with corresponding dates. Any periods where you have been in education can be noted as “N/A – in secondary education or in full-time further education.” (Include any additional pages as required with this form)

	Dates	Reason for leaving

GENERAL INFORMATION

Are there any adjustments that may be required should you be invited for interview? (delete as appropriate) If so please state here:	Yes	No
Do you know anyone working at St Giles hospice (delete as appropriate)? If yes, please provide further details below:	Yes	No

Do you hold a current, full clean driving licence? (delete as appropriate) If, no, please specify:	Yes	No
Are you entitled to work in the UK? (delete as appropriate)	Yes	No

REFERENCES

Please provide the names and **email addresses** of two people who can provide references – one of whom must be your present/ most recent employer and the second a previous employer:

Name: _____ Address: _____	Name: _____ Address: _____
Tel. No.: _____	Tel. No.: _____
Email: _____ Job Title: _____	Email: _____ Job Title: _____
I give/ do not give permission to take up my references prior to an offer of employment being made (delete clearly as appropriate).	I give/ do not give permission to take up my references prior to an offer of employment being made (delete clearly as appropriate).

COMPETENCIES - RELEVANT SKILLS, KNOWLEDGE AND EXPERIENCE

In this section you are asked to outline how your knowledge, skills and experiences meet the competencies required for this role (as outlined in the Job Description and Person Specification). Please draw on your experiences from your current or previous roles or from other relevant situations (such as activities outside work).

<p>Qualifications:</p>
<p>Skills:</p>



Hospice Care

Knowledge:
Attributes:

ESSENTIAL REQUIREMENTS:

NMC PIN NO		Driving Licence	
GMC		Other	
MDU/MPS			

DECLARATION (Please read this carefully before signing this application)

- 1) I confirm that the above information is complete and correct and that any untrue or misleading information will give St Giles Hospice the right to terminate any contract of employment offered.
- 2) I agree that St Giles Hospice may reserve the right to require me to undergo a medical examination. In addition, I agree that this information may be retained in my personal file during my employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act (2018).
- 3) I agree that should I be successful in this application, application will be made to the Disclosure & Barring Service/Criminal Justice Information Service (Scotland) for Disclosure. I understand that should the disclosure not be to the satisfaction of the hospice any offer of employment may be withdrawn or my employment terminated.

Signed: Date:

We make every subject of a DBS check aware of the existence of the Code of Practice and make a copy available on request

Prospective employees will be advised that a criminal record will not automatically exclude them from being appointed.

Information provided by you on this form will be filed for at least six months and then destroyed if you are not successful.

Please return via email or post, marked **Strictly Private & Confidential**, to:

Human Resources
 St Giles Hospice
 Fisherwick Road
 Whittington
 Lichfield
 Staffordshire WS14 9LH.
 Tel: 01543 434 455



Hospice Care

Email: hr@stgileshospice.com

EQUAL OPPORTUNITIES MONITORING FORM

St Giles Hospice is an equal opportunities employer which is why we wish to monitor our recruitment procedures. We recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, age, sexual orientation, religion or belief.

This form will be separated from your application and will not form part of the selection process, it is solely used for monitoring purposes.

Vacancy	
Date: / /	Vacancy applied for:
How did you here of this vacancy:	
St Giles website <input type="checkbox"/>	Job Centre plus/Direct Gov <input type="checkbox"/>
Indeed <input type="checkbox"/>	Other (please state below) <input type="checkbox"/>
Word of mouth <input type="checkbox"/>
Personal Details	
Surname:	Forename(s):
Gender: Male / Female	Dr / Mr / Mrs / Miss / Ms / Other
Is your present gender the same as the one assigned at birth: Yes / No / Prefer not to say	
Post code:	Nationality:
Age at time of application:	Home Phone:
Disability	
Do you consider yourself to have disability, impairment, health condition or learning difference? Yes <input type="checkbox"/> No known disability: <input type="checkbox"/> Prefer not to say: <input type="checkbox"/>	
Please describe your disability, impairment or health condition or learning difference. You may mark more than one box, or use your own words here:	
Physical impairment or a condition that affects your mobility such as an impairment that requires you to use a wheelchair or affects arm movement	Social/communication/cognitive impairment (e.g. Asperger's/autistic spectrum or head injury)
Mental health condition, such as depression or schizophrenia	Sensory impairment, such as being deaf/having a serious hearing impairment
Long standing illness or health condition e.g. cancer, HIV, diabetes, chronic heart disease or epilepsy	Specific learning difficulties such as dyslexia, dyspraxia or AD(H)D
Two or more impairments and or/disabling medical conditions	Sensory impairment, such as being blind/having a serious visual impairment

A disability impairment or medical condition which is not listed, please specify:	General learning difficulty (e.g. Down's Syndrome)																					
If appropriate, detail any assistance St Giles Hospice would need to provide:																						
Marital Status (tick appropriate box):																						
Married <input type="checkbox"/> Single <input type="checkbox"/> Civil Partnership <input type="checkbox"/> Cohabiting <input type="checkbox"/> Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Prefer not to say <input type="checkbox"/>																						
Do you hold a full UK driving licence?																						
Yes: <input type="checkbox"/> No: <input type="checkbox"/>																						
Religion: to which religion/belief group do you belong (please tick one only)																						
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What is your ethnic group? (tick appropriate box)																						
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Heterosexual <input type="checkbox"/>	Other <input type="checkbox"/>																					

CRIMINAL CONVICTIONS

Posts held at the hospice are covered by the Exceptions Order to the Rehabilitation of Offenders Act 1974. Applicants are therefore asked to provide information about previous convictions. In the event of employment any failure to disclose such convictions could result in dismissal or disciplinary action. Any information will be treated as confidential and will be discussed at interview only if the conviction is considered relevant to the post.

1) Have you ever been convicted of any criminal offence?
If so, please give details below: Yes
No

2) The National Care Standards Act 2000 obliges us to ask the following:

- | | | |
|---|-----|--------------------------|
| a) Are you currently the subject of any police investigation in the UK or any other country? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| b) Are you the subject of any current investigation or proceedings by a professional (or regulatory) body in the UK or any other country? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |
| c) Have you ever been disqualified from the practice of a profession or been required to practice under specific limitations? | Yes | <input type="checkbox"/> |
| | No | <input type="checkbox"/> |

If the answer to any of a) – c) is 'yes', please provide details below:

Thank you for your time and co-operation in completing our form. The information provided above will be confidential and stored and used in accordance with the Data Protection Act 2018, for the management of equal opportunities. I agree to the processing of the information that I have provided.

Signed.....

Date/...../.....