



Position applied for:

PERSONAL DETAILS

Surname:

Fornames:

Address:

Postcode:

Email:

Home Telephone No:

Work Telephone No:

Mobile No:

National Insurance No:

PRESENT OR MOST RECENT EMPLOYMENT

Name of Employer:

Address:

Telephone No:

Date Appointed:

DD/MM/YYYY

Date of Leaving:

DD/MM/YYYY

Notice Period Required:

Position Held:

Grade and current
basic Salary:

Reason for Leaving:

Please complete and return to:

The H.R. Officer, Nightingale House, Chester Road, Wrexham, LL11 2SJ Tel: 01978 316811

Alternatively, you can email this application to: pat.walmsley@nightingalehouse.co.uk



Nightingale House Hospice
Hospis Tŷ'r Eos

PRESENT OR MOST RECENT EMPLOYMENT CONTINUED

Brief Description of Duties. Please complete on a separate sheet if necessary:

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PRESENT OR MOST RECENT EMPLOYMENT CONTINUED

Previous Employment - last 10 years only unless returning from a substantial career break, in which case please give as much information as possible. **Please complete on a separate sheet if necessary:**

Name & Address of Employer	Job Title	From	To	Reason for Leaving

Name & Address of Employer	Job Title	From	To	Reason for Leaving

Name & Address of Employer	Job Title	From	To	Reason for Leaving

Name & Address of Employer	Job Title	From	To	Reason for Leaving

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Please complete on a separate sheet if necessary:

GENERAL EDUCATION

Subject	Level	Grade	Date Obtained

University/College/Institute	Qualification/Subject/Grade	Date Obtained

PROFESSIONAL REGISTRATION

Body	Registration/Pin Number	Date of Resgistration

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STATEMENT IN SUPPORT

IT IS ESSENTIAL THAT YOU COMPLETE THIS. Please give details of why you are suitable for the position for which you have applied. In this section you should refer to previous relevant experience which may have been gained inside or outside the work environment. You must also state how you meet the requirements detailed in the **job description and person specification**. **Please complete on a separate sheet if necessary:**

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Do you possess a current driving licence?:

Yes: No:

Are you a vehicle owner?:

Yes: No:

Please indicate if you will require a work permit:

Yes: No:

If you are not a UK or EEA national you may not be eligible to work in the UK without a work permit.

REFERENCES

Please give below, the names, occupations and addresses of two referees.

One referee should be your current or most recent employer.

Referee 1	Referee 2
Name:	Name:
Occupation:	Occupation:
Company Name and Address:	Company Name and Address:
Postcode:	Postcode:
Telephone:	Telephone:
Email:	Email:

Referees will be contacted after shortlisting and prior to interview.

Please tick the box if you do **NOT** want us to contact your referees without prior agreement:

Referee 1: **Referee 2:**

Do you know of any reason why you could not fulfil the role as advertised?:

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REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS ORDER 1975)

Work at the Hospice is exempt from the provisions of the Rehabilitations of Offenders Act. You are therefore required to divulge details of any criminal offence of which you may have been convicted, or received a police caution for (in the UK), or a criminal conviction in any other country – whether or not it is now spent. In the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action being taken.

Do you have any convictions to disclose:

Yes: No:

Are there currently any criminal proceedings against you?:

Yes: No:

If **YES** please supply details. **Please complete on a separate sheet if necessary:**

Are you related to any Trustee or officer of the Management Board?:

Yes: No:

THIS HOSPICE OPERATES A 'NO SMOKING' POLICY.

DECLARATION

By ticking this box, I declare that all the information I have provided is accurate and complete, and I am in agreement with the information provided being processed within the guidelines of the Data Protection Act 2018. I understand that any false information I have given may result in disqualification from the selection process or, where discovery is made after appointment, in summary dismissal. I understand that canvassing or failure to disclose a relationship to a Director or Manager may disqualify me from being considered. I also understand that appointment is subject to satisfactory medical fitness. If appointed, I undertake to make known to the Hospice any change in this information which may occur after this date. I also understand and agree that the Hospice will retain this application for recruitment purposes for 6 months only.

THIS SECTION IS TO BE COMPLETED DURING THE JOB INTERVIEW.

Signed:

Date:

DD/MM/YYYY



Nightingale House Hospice is committed to Equal Opportunities in Employment. In order to monitor the effectiveness of its Equal Opportunities policy, all applicants for employment are asked to provide the details requested below. The information will be used only for the purposes of monitoring the Policy and it will be separated from your application form before shortlisting. The information it contains will not be used in deciding whether or not to invite you to interview or to offer you employment.

As an Equal Opportunities Employer we aim to ensure that no job applicant or employee receives less favourable treatment on the grounds of age, race, sex, nationality or ethnic origin, religion, marital status, disability or any other reason not related to the post.

To ensure that this policy is fully and fairly implemented and monitored, would you please provide the information requested below.

Position applied for: **Ref No:**

Name: **Date of Birth:**
DD/MM/YYYY

Marital Status (please tick appropriate box):

Single: Civil Partnership: Married: Divorced: Widowed:

Disabled Status (please tick appropriate box):

Disabled: Not Disabled:

Gender (please specify):

Spoken Welsh Language:

Basic: Proficient: Fluent:

Written Welsh Language:

Basic: Proficient: Fluent:

ETHNIC ORIGIN

Nationality: **Country of Birth:**

How would you describe your ethnic origin (please tick appropriate box):

Asian or Asian British

Indian: Bangladeshi: Pakistani: Any other Asian background:

Black or Black British

African: Caribbean: Any other Black background:



ETHNIC ORIGIN CONTINUED

Chinese or other Ethnic Group

Chinese: Any other group:

Mixed

White and Black Caribbean: White and Black African: White and Asian:

Any other mixed background:

White

British: Irish: Any other White background:

DECLARATION

By ticking this box, I declare that all the information I have provided is accurate and complete, and I am in agreement with the information provided being processed within the guidelines of the Data Protection Act 2018.

Date:
DD/MM/YYYY