# NIGHTINGALE HOUSE HOSPICE APPLICATION FOR EMPLOYMENT

**Position applied for:**

# PERSONAL DETAILS

## Surname:

**Fornames:**

## Address:

**Postcode: Email:**

## Home Telephone No:

**Mobile No:**

## Work Telephone No:

**National Insurance No:**

# PRESENT OR MOST RECENT EMPLOYMENT

## Name of Employer:

**Address:**

## Telephone No:

**Date of Leaving:**

DD/MM/YYYY

## Date Appointed:

DD/MM/YYYY

## Notice Period Required:

**Postion Held:**

## Grade and current

**basic Salary:**

## Reason for Leaving:

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

**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** |
|  |  |  |  |  |

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

**Please complete on a separate sheet if necessary:**

# GENERAL EDUCATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Level** | **Grade** | **Date Obtained** |
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| --- | --- | --- |
| **University/College/Institute** | **Qualification/Subject/Grade** | **Date Obtained** |
|  |  |  |

**PROFESSIONAL REGISTRATION**

|  |  |  |
| --- | --- | --- |
| **Body** | **Registration/Pin Number** | **Date of Registration** |
|  |  |  |

# 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:**

## Do you possess a current driving licence?: Are you a vehicle owner?:

Yes:

No:

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:****Postcode:** | **Company Name and Address:****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?:**

# 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

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