



Bringing care home

Application form

Application form should be returned to the HR office,

Blackett Avenue

Malpas

Newport

NP20 6NH

Tel: 01633 851051 Fax: 01633 851052

Please complete this form in black ink and use block capitals.

Please complete all boxes and enter not applicable (N/A) if necessary.

Position Applied For

Location

Vacancy No. (If Known)

Personal Details

Title First Name

Surname

Middle Name

Preferred Name

Previous Last Name

Full Address

Postcode

E-Mail Address

Home Contact Number

Mobile Number

Your Details

Right to Work in the UK (Asylum & Immigration Act 1996)

You will be required to produce original documents to prove your eligibility at the interview/assessment stage and bring photocopies of them. Please don't forget to bring them with you, otherwise we will not be able to progress your application any further.

Particular Requirements

Do you have any particular requirements if you were invited to the interview/assessment?

Yes No If **YES** please give details:

References

Offers of employment are subject to two satisfactory references, one of which must be from your present or most recent employer. Please provide details below of your referees. Please note references will not be sought until an offer of employment has been made. If you are unable to provide two employment references please provide an academic reference or a volunteering reference.

Your Details

Reference 1

Full name

Job title

Company

Address

Postcode

Tel E-mail

Work relationship to you

Your previous job title (if employer reference)

Your employment date (if employer reference)

From To

Reference 2

Full name

Job title

Company

Address

Postcode

Tel E-mail

Work relationship to you

Your previous job title (if employer reference)

Your employment date (if employer reference)

From To

Your Details

Employment or Volunteering History

Please start with the most recent period of employment

Date from / / To / /

Name of employer

Address

Postcode

Position held

Reason for leaving

Previous Employer/Position

Date from / / To / /

Name of employer

Address

Postcode

Position held

Reason for leaving

Your Details

Previous Employer/Position

Date from / / To / /

Name of employer

Address

Postcode

Position held

Reason for leaving

Previous Employer/Position

Date from / / To / /

Name of employer

Address

Postcode

Position held

Reason for leaving

Your Details

Previous Employer/Position

Date from To

Name of employer

Address

Postcode

Position held

Reason for leaving

Please account for any periods of unemployment (if applicable)

Your Details

Are any of your relatives employed by St. David's Hospice or St. Anne's?

Yes No

If **YES** please give their name and relationship to you

Name

Relationship

Education

Please give details of the School/College/University you attended

Full name

Town/City

Full name

Town/City

Full name

Town/City

Full name

Town/City

Full name

Town/City

Your Details

Qualifications

Please include all academic, technical and professional qualifications, plus dates awarded. Continue on a separate sheet if necessary.

Qualification title	<input type="text"/>		
Qualification type	<input type="text"/>	Grade/Level	<input type="text"/>
Qualification title	<input type="text"/>		
Qualification type	<input type="text"/>	Grade/Level	<input type="text"/>
Qualification title	<input type="text"/>		
Qualification type	<input type="text"/>	Grade/Level	<input type="text"/>
Qualification title	<input type="text"/>		
Qualification type	<input type="text"/>	Grade/Level	<input type="text"/>
Qualification title	<input type="text"/>		
Qualification type	<input type="text"/>	Grade/Level	<input type="text"/>
Qualification title	<input type="text"/>		
Qualification type	<input type="text"/>	Grade/Level	<input type="text"/>
Qualification title	<input type="text"/>		
Qualification type	<input type="text"/>	Grade/Level	<input type="text"/>
Qualification title	<input type="text"/>		
Qualification type	<input type="text"/>	Grade/Level	<input type="text"/>

Your Details

Please supply details of any further training courses attended that are relevant to your application

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Please detail any professional bodies you are a member of

Professional Body

Membership type

Membership number

Driving Licence Details only complete if applicable to position

Licence type	Yes	No	N/A	Licence Number	Expiry Date
Full UK driving licence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Do you have any endorsements? If yes please give details

Date	<input type="text"/>
Offence Code	<input type="text"/>
Offence	<input type="text"/>

Your Details

Rehabilitation of Offenders

Have you been convicted of a criminal offence which is not spent under the Rehabilitation of Offenders Act 1974?

Yes No

If YES please provide details.

Availability (please show your maximum range of availability where applicable to role)

Day	Available Hours—Start Time	Available Hours—End Time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Your Details

For part-time roles, what is the minimum and maximum number of hours you are willing to work per week?

Min Max

Please give details of any holidays booked in the next six months

Please detail any days / times you are unable to attend interview

Additional Information

Please use the space below for any additional information you wish to provide in support of your application

Your Details

Applicant's Declaration

The information on this form will be held and used by the St David's Hospice in accordance with the provisions of the Data Protection Act 1998 and all relevant subsequent legislation. This information will be held and processed for the purpose of personnel / payroll administration and statistical analysis.

Applicant's Name

Applicant's Signature

Date

I certify that the information given on this form is correct and acknowledge that any false statement renders me liable to summary dismissal.

Tick to Agree

Diversity Monitoring Form

The information we collect is stored confidentially and securely. Data Legislation protects you and your data. All personal information is stored confidentially and can only be accessed by authorised persons in the Human Resources office. Once collected, this information can show us who is joining and leaving and ensures that all staff are treated fairly. Completing this information will help us to deliver against our diversity commitments and contribute to an inclusive working environment for all colleagues. We respect an individual's right not to disclose this information. For this reason, a 'prefer not to say' option is included.

For each question put a cross in only one box as shown e.g.

If you make a mistake, scribble out the cross in the wrong box and put a cross in the correct answer box



Your personal details (Please complete all boxes)

1. Name

2. Date of birth

St. David's believes that people should be judged, not by their age, but according to their skills and abilities at work by monitoring our colleagues age we can ensure that opportunities for development and promotion are open to everyone.

3. National insurance number

4. Disability

Colleagues with a disability are entitled to reasonable adjustments under the law to enable them access to work.

Do you consider yourself to have a disability?

Yes No

Diversity Monitoring Form

5. Ethnicity

By monitoring ethnicity, we can compare our recruitment pattern against the data collected in previous years' National Census. This can show whether we attract people to work for us from all communities and whether as an employer, we reflect the communities we serve. We can also show whether all groups are treated fairly. **What is your ethnicity?**

A) White

- British Welsh Irish Scottish
 Any other white background

B) Mixed

- White and Black Caribbean White and Black African
 White and Asian Any other mixed background

C) Asian or Asian British

- Indian Pakistani Bangladeshi
 Any other Asian background

D) Black or Black British

- Caribbean African Any other Black background

E) Chinese or other ethnic group

- Chinese Any other

- F) Prefer not to say

Diversity Monitoring Form

6. Gender

By monitoring the gender of our staff, we can see whether some of our jobs are more attractive to men or women, and whether both sexes stay with us. Monitoring gender ensures that both men and women are treated fairly.

Are you:

- Male Female

7. Religion or faith

Telling us about your religion or belief allows us to understand and plan to meet the particular needs of staff. It helps us to think about how we can accommodate requests to meet people's religious needs and faith. Knowing the religion of the staff helps us create an environment where all beliefs are respected. **What is your religion or belief?**

- | | | |
|------------------------------------|---------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Hindu | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish | <input type="checkbox"/> Other |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim | <input type="checkbox"/> Prefer not to say |

8. Sexual Orientation

Monitoring whether people are lesbian, gay, bisexual or heterosexual acknowledges that we value all staff and the contribution they bring to our business. An open and inclusive culture creates an environment where all colleagues can feel comfortable disclosing their sexuality. We know that people perform better when they can be themselves. **How would you describe your sexual orientation?**

- Heterosexual Lesbian Gay Bisexual Prefer not to say