



St. David's Hospice Care APPLICATION FOR EMPLOYMENT

Application form should be returned to the HR Dept,
Blackett Avenue • Malpas • Newport • NP20 6NH
Tel: 01633 851051 Fax: 01633 851052

POST APPLIED FOR:

PLEASE COMPLETE ALL SECTIONS OF THE FORM USING BLACK INK OR TYPE FORM. CV'S ARE NOT ACCEPTED. APPLICATION FORMS RECEIVED AFTER THE CLOSING DATE WILL NOT NORMALLY BE ACCEPTED.

SECTION 1 - PERSONAL DETAILS

Title	Surname
Forename(s)	Former surname(s)
Telephone No. (home)	Telephone number (work)
Telephone No. (mobile)	May we contact you at work? YES / NO
e-mail address	
Address	
Postcode	NI Number
Date of Birth	
Are you free to remain and take up employment within the UK with no current immigration restrictions?	YES / NO

Please indicate how you learned of this vacancy. If by advertisement, please state newspaper/journal/internet or other source and date

This sheet will be separated from your application upon receipt and will not form part of the shortlisting process.

For Personnel Use only:

Code:

Date:

Post applied for: _____

SECTION 2 - EDUCATION / TRAINING / QUALIFICATIONS

Educational Establishments Attended	From	To	Qualifications	Grades	Dates

SECTION 3 - COURSES ATTENDED NOT LEADING TO A PROFESSIONAL QUALIFICATION

Organising Body	Course Details	Dates	
		From	To

SECTION 4 - MEMBERSHIP OF PROFESSIONAL BODIES

Name of professional body	
Membership status	
Registration number (PIN number for qualified nurses)	
Year of registration	

SECTION 5 - PRESENT OR MOST RECENT EMPLOYMENT

Employer's Name, Address and Type of Business:	Date Started
	Date Left (if applicable)
	Salary
	Notice Period (if applicable)
	Reason for Leaving (if applicable)
Position Held	
Full time / part time	
Brief description of duties	

For Personnel Use only:

Code:

Date:

SECTION 6 - EMPLOYMENT RECORD (PLEASE COVER THE LAST 10 YEARS OF EMPLOYMENT)

Previous Employers (most recent first)	Previous Post held / Principal Duties / Salary	From	To	Reason for leaving

SECTION 7 - OTHER EMPLOYMENT

Please note any other employment, paid or unpaid, you would continue with if you were to be successful in obtaining this position.

SECTION 8 - LEISURE

Please note here your leisure interests, sports and hobbies, other pastimes etc.

SECTION 9 - EXPERIENCE AND OTHER INFORMATION

Please describe how you meet the criteria set out in the Job Description and Person Specification giving details on your specific reasons for this application, your main achievements to date and the strengths you would bring to this post. Please continue on a separate sheet if necessary.

SECTION 10 - CAUTIONS, REHABILITATION AND CRIMINAL RECORDS

Please give details of any criminal convictions. If none, please state. _____

If due to the nature of the work for which you are applying (please refer to Job Description / Person Specification) your application is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, (Exemptions) Order 1975, you will not be entitled to withhold information about convictions which are for other purposes 'spent' under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal. Successful candidates will be required to complete a Disclosure Application at Standard or Enhanced level, depending on the nature of the post, for submission to the Disclosure Barring Service. St. David's Hospice Care complies fully with the DBS Code of Practice and the Data Protection Act 1998 regarding disclosure information. Any information given will be treated as completely confidential and will only be considered in terms of its relevance to an application for positions to which the order applies. A criminal record will not necessarily be a bar to obtaining a position. If you have any concerns or queries on this matter, please seek advice from the HR Manager.

SECTION 11 - DRIVING LICENCE

Do you hold a current UK driving licence? YES / NO	Expiry Date	Do you have use of a car? YES / NO
If yes, which groups?	Details of endorsements	

SECTION 12 - HEALTH

Please state the number of days and occasions you have been absent from work due to sickness in the last 2 years

SECTION 13 - EMPLOYMENT STATUS

Are there any restrictions on you taking up work in the UK? YES / NO If yes, please give details:

SECTION 14 - REFEREES

Please give below the names of two referees who have agreed to give a reference on your behalf and who are not related to you. Both should be from employers & one of them should be your existing or most recent employer.

Name _____	Name _____
Your relationship to referee _____	Your relationship to referee _____
If existing or previous employer, please give dates of employment: From _____ To _____	If existing or previous employer, please give dates of employment: From _____ To _____
Organisation _____	Organisation _____
Address _____	Address _____
Tel No. _____ Fax No. _____	Tel No. _____ Fax No. _____
e-mail address _____	e-mail address _____
May we take up a reference prior to interview? YES / NO	May we take up a reference prior to interview? YES / NO

SECTION 15 - BACKGROUND INFORMATION

Have you had a recent bereavement of a close family member or friend? YES / NO

We advise a person who has had such a bereavement not to begin employment at St David's Foundation Hospice Care until at least one year has elapsed. If, however, you feel able to begin employment and would like to discuss the possibility of doing so, please contact the Personnel Manager, who will be happy to discuss this with you.

SECTION 16 - DECLARATION

1. I confirm that the information given on this application form and any attachments is to the best of my knowledge and belief true and correct. I declare that I have not knowingly provided false information in support of my application. I fully understand however that if any details should prove to be false then this will automatically disqualify my application and give my employer the right to terminate any employment contract offered.

2. I agree that the organisation reserves the right to require me to undergo a medical examination.

Signed _____ Date _____