

Post Applied for:

Post Number:

Nottinghamshire Hospice Application Form

Closing Date:

Interview Date:

Please complete this form fully using black ink or type. **C.V.s are not accepted.** Applications received after the closing date will not normally be considered. **Please note that Nottinghamshire Hospice operates a strict no-smoking policy.**

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal details

Last Name:

First Name:

Address:

Postcode:

Home Telephone N^o:

National Insurance N^o:

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Telephone N^o:

Mobile Telephone N^o:

E-mail address:

Can we contact you at work? Yes No

Are you free to remain and take up employment in the UK with no current immigration restrictions? Yes No

Driving Licence – if relevant to post applied for. Do you hold a full driving licence valid in the UK? Yes No

Do you have any current endorsements:- Yes No

If yes, please detail in the below box

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

This sheet will be separated from your application form until the shortlisting process has been undertaken.

Section 2 Present Employment

Present Employment (If now unemployed give details of last employer)

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment:

Salary:

Department / Section:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice:

Last day of service
(if no longer employed):

Reason for leaving
(if no longer employed):

Section 3 Previous Employment

Previous Employment (most recent employer first). Please cover the last 10 years and state nature of business

Employer and nature of business:

Address:

Postcode

Position Held:

Dates of employment:

Summary of duties:

Reason for leaving:

Employer and nature of business:

Address:

Postcode

Position Held:

Dates of employment:

Summary of duties:

Reason for leaving:

Employer and nature of business:

Address:

Postcode

Position Held:

Dates of employment:

Summary of duties:

Reason for leaving:

Continue on a separate sheet if necessary

Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

Professional, Technical or Management Qualifications

Please give details:

Professional/Technical/ Management Qualifications	Course Details

Membership of any Professional / Technical Associations-
Please state level of Membership and if relevant PIN and expiry date:

Continue on a separate sheet if necessary

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Continue on a separate sheet if necessary

Section 6 Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the Person Specification. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

Section 7 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offenders act 1974?

Yes

No

If yes, please give details / dates of offence(s) and sentence:

Section 8 Protecting Children and Vulnerable Adults

The following information may be required if the post you are applying for has a requirement for a Criminal Records Bureau police check.

Enhanced Checks Only

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post?

Yes

No

Section 9 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Name:

Position (job title):

Organisation:

Address:

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

Telephone N^o:

E-mail:

Are you willing for this referee to be approached prior to the interview?

Yes

No

Name:

Position (job title):

Organisation:

Address:

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

Telephone N^o:

E-mail:

Are you willing for this referee to be approached prior to the interview?

Yes

No

Section 10 Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM.

What is your Ethnic Group?

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A. White

White UK

Irish

White non-UK

Any other White background
(please give details):

B. Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed background
(please give details):

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background
(please give details):

D. Black or Black British

Black Caribbean

Black African

Any other Black background
(please give details):

E. Chinese or other ethnic group

Chinese

Vietnamese

Any other ethnic background
(please give details):

F. I do not wish to provide this information

Section 11 Recruitment Monitoring Form continued

Gender

Male

Female

Disability

Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”.

Do you consider yourself disabled?

Yes

No

If yes, please give details:

Present Status

Internal Applicant

External Applicant

Age Group

16-25

26-35

36-45

46-55

56-65

66-70

Over 70

Media

Please state where you saw this post advertised

For Office Use Only:

Start Date:

Section 12 Declaration

B. Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for data registration purposes.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold

Signed:

Date:

Please note that candidates selected for interview will normally be notified within three weeks of the closing date. However, if you have not heard from us within 4 weeks of application this will mean that on this occasion you have not been selected for an interview.

CRB Checks may be carried out prior to interview on some occasions to enable the new employee to commence in post as soon as possible (this is due to CRB Disclosures taking up to 8 weeks to be processed).

Thank you for your interest in this post.

Nottinghamshire Hospice undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

If you are returning this form by email, you will be asked to sign your application at interview.

RETURNING THIS FORM

By Hand or Post:

**Emily Reece
Human Resources Department
Nottinghamshire Hospice
384 Woodborough Road
Nottingham
NG3 4JF**

By E-Mail:

emilyreece@nottshospice.org

Enquiries:

**Telephone: 0115 9101008
Fax: 0115 9858164**