



Employment Application Form

Information provided on this application form will be used for recruitment purposes and in the case of candidates selected for employment for personal purposes. Information on candidates not selected for employment will be destroyed in line with Nottinghamshire Hospice Data Retention Policy. The information will be stored safely and will not be disclosed to any person/s for any other purposes.

Please complete this form in type or black ink

Post Applied for:		Where did you see this vacancy advertised?	
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SECTION 1 – PERSONAL DETAILS

Surname:	Forename:
Mr/Miss/Mrs/Ms/Dr/Prof/Other:	
Address:	Mobile Telephone No:
	Daytime Telephone No:
Postcode:	Email Address:

Do you have a current, valid right to work in the UK, which permits you to undertake the role applied for?	YES	/ NO
If not, will you need a Certificate of Sponsorship to do this job?	YES	/ NO
Are you related to any Trustee or employee of Notts Hospice?	YES	/ NO
If yes, please give details:		
Do you hold a full driving licence valid in the UK?	YES	/ NO
Do you have use of a car?	YES	/ NO
If driving is a requirement of the post, please give details of any endorsements:		

SECTION 2 – CRIMINAL CONVICTIONS

Please tell us about any unspent criminal convictions. Any information will be treated confidential and will be discussed at interview only if the conviction/investigation/prosecution is considered relevant to the post. Failure to disclose could result in dismissal or disciplinary action.

Have you any unspent criminal Convictions? YES / NO

Are you currently the subject of any police investigation and/or prosecution? YES / NO

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

SECTION 3 – PROFESSIONAL REGISTRATION

Please provide information regarding investigations or proceedings by any body having regulatory functions in relation to health/social care professionals. Failure to disclose could result in disciplinary action.

Are you currently subject to any investigation or proceedings? YES / NO

Have you ever been disqualified from the practice of a profession or subjected to specified limitations? YES / NO

If yes to either question, please give details below:

SECTION 4 - REFERENCES

Please give the names and addresses of two people who are not related to you and who can comment on your suitability for the post. If you are or have been employed, we require a reference from your present or most recent employer.

Can we contact referee prior to interview?
YES / NO

Can we contact referee prior to interview?
YES / NO

Name:

Name:

Job Title:

Job Title:

Address:

Address:

Postcode:

Postcode:

Telephone No:

Telephone No:

E-mail:

E-mail:

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

The first two sheets of this application form will be separated from your application form until the shortlisting process has been undertaken. If invited to interview, the first two sheets of the application form may be referred to if relevant to the position applied for.

SECTION 5 – EMPLOYMENT HISTORY (List jobs and start with current or most recent employer first)

Employer's name and full address	Dates from / to (month & year)	Job Title and main duties (brief description)	Reason for leaving and Salary

If currently employed, what is the length of your notice period? _____

SECTION 6 - QUALIFICATIONS

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

Dates From / To (month and year)	Name of School, College and /or University	Course / Subject	Qualifications / Grades

Professional Qualifications and Membership of Professional Bodies. Please give details:

Name of Professional Body	Qualification and Level	Course Details	Relevant Registration No. / PIN No.

Relevant Training and Post Qualification / Registration Courses. Please give details which support your application:

Training Programme or Course	Subject / Course content	Duration of course	Date(s) Undertaken

SECTION 7 – SUPPORTING STATEMENT

Please use the space below to provide further information to support your application and explain how you meet the requirements of the job description / person specification.

Empty space for providing supporting information.

SECTION 9 - DECLARATION	
I hereby certify that:	
<ul style="list-style-type: none">• all the information given by me on this form is correct and that any misleading information will give the employer the right to reject my application, to withdraw any employment contract offered or, if employed, dismiss without notice.• I confirm that I am able to provide evidence of my right to work in the United Kingdom along with any qualifications, training and membership of professional bodies.	
Signature:	Date:

Please note the following:

Nottinghamshire Hospice is a non-smoking organisation.

Due to the volume of applications that we receive, if you have not heard from us within 3 weeks of the closing date, please assume your application has been unsuccessful.

All job offers are subject to DBS checks, satisfactory references, occupational health assessment, proof of relevant professional qualifications and eligibility to work in the UK.

If you require special arrangements at any stage of the recruitment process, we will try to meet those requirements. Nottinghamshire Hospice is committed to supporting equality and diversity.

Some jobs will be subject to driving licence checks and motor insurance checks for business use.

RETURNING THIS FORM

Please ensure you complete the form below (page 7) before submitting your application.

Please ensure you rename this form to include your full name. e.g., Jane Smith Application Form.

By E-mail: hr.admin@nottshospice.org

By hand / Post: Human Resources Department, Nottinghamshire Hospice, 384 Woodborough Road,
Nottingham NG3 4JF

SECTION 10 – RECRUITMENT MONITORING FORM

This section will be separated from your application form upon receipt and does not form part of the selection process. The information provided will be used for monitoring and analysis purposes only to ensure we are meeting our Equality and Diversity Policy. No information will be published or used in any way which allows any individual to be identified. You are not obliged to supply information that you do not wish to, however the more information we receive, the better our understanding will be.

Highlight / circle the appropriate category

Application for the post of: _____

GENDER

Female	Male	Non-binary
Do you identify as transgender?	YES	NO

AGE

16-24	25-34	35-44	45-54	55-64	65+
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DISABILITY

Do you consider yourself disabled?	YES	NO
The Equality Act 2010 defines disability as 'a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day to day activities.'		

NATIONALITY

Please describe how you would describe your national identity:

British	English	Irish	Scottish	Welsh
Any other national identity: please specify				

ETHNICITY

What is your ethnicity?

Ethnic origin categories are not about nationality, birthplace or citizenship. They are about the group to whom you see yourself as belonging to.

WHITE

British	English	Irish	Scottish	Welsh
Any other white background: please specify				

MIXED

White & Black Caribbean	White & Black African	White & Asian
Any other mixed/multiple background: please specify		

BLACK OR BLACK BRITISH

Caribbean	African
Any other Black background: please specify	

ASIAN OR ASIAN BRITISH

Indian	Pakistani	Bangladeshi	Chinese
Any other Asian background: please specify			

OTHER ETHNIC GROUP

Latino	Arab
Any other ethnic group: please specify	

SEXUAL ORIENTATION

What is your sexual orientation?

Heterosexual	Lesbian	Gay	Bisexual
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Any other sexual orientation: Please specify

RELIGION / BELIEF				
Christian	Buddhist	Jewish	Hindu	Sikh
Muslim	Humanist	Agnostic	Atheist	
Any other religion / belief: please specify				