THE MARY STEVENS HOSPICE

**APPLICATION FORM**



**Please Note:**

It is important that you complete fully all sections on this form relevant to the job, as the information will be used when short listing applicants. If you need to continue any part of this form on separate sheets, please do so.

|  |  |
| --- | --- |
| **POST APPLIED FOR:** | **Reference number:** |
| **SURNAME:**  **FIRST NAME:**  **ADDRESS:**  **TEL.NO.:**  **DATE OF BIRTH:** | **Where did you see this post advertised?**  **NATIONALITY:**  **Do you need a work permit to work in this country?** |

|  |  |
| --- | --- |
| **SECONDARY EDUCATION:** | |
| Subject | Grade |
|  |  |

|  |  |  |
| --- | --- | --- |
| **FURTHER EDUCATION:** | | |
| University / College | Title of Course | Qualifications & Grade |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROFESSIONAL AND TECHNICAL QUALIFICATIONS** | | | | |
| Training Establishment | a) Qualifications Obtained | Date | Roll/Pin  Reg. No. | Class of membership and year of election |
|  | b) Being Studied For |  |  |  |

|  |
| --- |
| **Please describe your current or most recent post:** |
| **Please detail your previous experience relevant to this post.** |
| **Please give briefly any other information in support of your application**  **(continue on another sheet if necessary)** |

|  |  |  |
| --- | --- | --- |
| RELEVANT VOCATIONAL / MANAGEMENT TRAINING | | |
| Dates | Course Title | Duration |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PROFESSIONAL REGISTRATION | | | | |
| Name of Professional Body | Type of Registration | Registration No. | Date of Registration  Initial Expiry | |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **EMPLOYMENT HISTORY**  (you may include here unpaid / voluntary work or work at home) | |
| Current Employer (or most recent)  Name and Address of Employer  Reason for Leaving: | Job Title:  From/To:  Salary/Grade:  Notice Period: |

|  |  |  |
| --- | --- | --- |
| **PREVIOUS EMPLOYMENT HISTORY (Please list previous appointments, most recent first)** | | |
| Name & Address of Employer | Job Title: | From/To:  & reason for leaving |
|  |  |  |

|  |
| --- |
| DO YOU HAVE A CURRENT DRIVING LICENCE? YES ⬜ NO ⬜  DO YOU HAVE THE USE OF A CAR FOR WORK? YES ⬜ NO ⬜ |
| DECLARATIONThe Rehabilitation of Offenders Act 1974 – Section 4 (2) – does not cover the post for which you are applying and you are required to give details of any convictions including convictions which would otherwise be regarded as ‘spent’ under the Act. Please answer the following questions:-  1. Are you currently the subject of any police investigation and/or prosecution, in the UK or any other  country?  Yes ⬜ No ⬜  2. Have you ever been convicted of any criminal offence required by law to be disclosed, received a  police caution in the UK, or a criminal conviction in any other country?  Yes ⬜ No ⬜    3. Are you currently the subject of any investigation or proceedings by any body having regulatory  functions in relation to health/social care professionals including such a body in any other country?  Yes ⬜ No ⬜    4. Have you ever been disqualified from the practice of a profession or required to practice it subject  to specified limitations following a fitness to practice investigation by a regulatory body, in the UK  or another country?  Yes ⬜ No ⬜    If you have answered yes to any of the questions you are required to give further details below including dates and a full factual account of events and the outcome of events.    **All successful applicants will have a disclosure check with the Disclosure and Barring Service (DBS).**  **Having a criminal record will not necessarily be a bar to obtaining a position.**  A copy of the Hospice Recruitment of Ex-Offenders Policy and/or the DBS Code of Practice available on request.    **Declaration: I confirm that I have full and accurate disclosure of any criminal/professional investigations and have given information which is true.**  **Signed ……………………………………………… Date ………………………………………..** |

|  |  |
| --- | --- |
| References Please give the names and full addresses, and occupations of two referees | |
| 1. (must be present or most recent employer)  Name:  Title:  Address:  Telephone (please state home or work):  Occupation/Capacity in which referee knows you:  Length of Time Known:  May we approach before interview  YES ⬜NO ⬜ | 2.  Name:  Title:  Address  Telephone (please state home or work):  Occupation/Capacity in which referee knows you:  Length of Time Known:  May we approach before interview  YES ⬜NO ⬜ |
| Have you ever worked for the Mary Stevens Hospice before? YES ⬜NO ⬜  Are you related to any current employee of the Mary Stevens Hospice ? YES ⬜NO ⬜  **DECLARATION:** I hereby confirm that the information which I have given in this application is true to  the best of my knowledge and belief  Signed: …………………………………………………………… Date: ……………………………… | |

**THE MARY STEVENS HOSPICE**

### EQUAL OPPORTUNITIES

**MONITORING FORM**

### PERSONAL DETAILS

Please note: personal details as requested below will be entered onto our records in the event of you being appointed and will be used for monitoring purposes under our equal opportunities monitoring policy. They will not be made available to those making the selection.

|  |
| --- |
| Post Applied for : Reference No: |
| Surname: Title: Forename/s: |
| Former Surname/s: |
| Address:  Length of time at present address: |
| Age: Date of Birth: Male ⬜ Female ⬜ |
| Telephone No: Home: Work: |
| National Insurance No. |
| Have you any disability? Yes ⬜ No ⬜  If yes, please give details: |
| Nationality: Do you need a work permit to accept this post? Yes ⬜ No ⬜ |
| Ethnic Origin (please tick)  White ⬜ Black Caribbean ⬜ Black African ⬜ Black Other ⬜ Indian ⬜  Pakistani ⬜ Bangladeshi ⬜ Chinese ⬜ Other Ethnic Group ⬜ |

**THE MARY STEVENS HOSPICE**

**Equal Opportunities Extract From**

**Statement of Intent**

The Mary Stevens Hospice is an Equal Opportunities fair treatment employer and recognises therefore the importance of affording equal opportunity and fair treatment to job applicants in the area of recruitment and selection, existing employees and members of the public, with regard to the service that the Hospice provides.

The aim of our policy is to ensure that no job applicant, employee or member of the public receives less favourable treatment on the grounds of age, religion, restricted ability, sex, marital status, sexual orientation or race, colour, nationality, ethnic or national origins or any other grounds, or is disadvantaged by conditions or requirements which cannot be justified by specific reference to the job or situation.

### General Data Protection Regulations

In case of successful candidates the information contained in this application form will be stored by the Hospice and will not be given to any other organisation.

To comply with regulations these records will safely and securely stored for a period of seven years, even if any successful candidate ceases to be a member of staff at the hospice.

**APPLICATION FORM**

**SUPPLEMENTARY SCHEDULE**

Additional information to support your application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Return Completed Application Form To:**

**The Mary Stevens Hospice**

**221 Hagley Road**

**Oldswinford**

**Stourbridge**

**West Midlands**

**DY8 2JR**

**Tel: 01384 443010**