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| **EMPLOYMENT APPLICATION FORM**    Please refer to Guidance notes and complete the form in black ink  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 six months after the application closing date. The information will be stored safely and will not be disclosed to any person/s for any other purposes. | | | |
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| POST APPLIED FOR: | Click or tap here to enter text. | WHERE DID YOU  SEE THIS ADVERT: | Click or tap here to enter text. |
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| **PERSONAL DETAILS** | | | |
| SURNAME: Click or tap here to enter text. FORENAME: Click or tap here to enter text. Mr/Miss/Mrs/Ms/Dr/Prof/Other: Click or tap here to enter text. | | | |
| ADDRESS:  Click or tap here to enter text.  POSTCODE:Click or tap here to enter text. | | Day Tel No:Click or tap here to enter text. | |
| Evening Tel No:Click or tap here to enter text. | |
| Email: Click or tap here to enter text. | |

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| **REFERENCES** | |
| Please give the name, title and address of two referees.  This should include your present or last employer if currently unemployed.  If you are selected for interview do you have any objection to the Hospice contacting you referees beforehand? | |
| YES  NO | YES  NO |
| **Referee 1** ( Most recent employer) | **Referee 2** |
| Name: Click or tap here to enter text.  Job Title: Click or tap here to enter text.    Address: Click or tap here to enter text.  Email: Click or tap here to enter text.  Tel no. Click or tap here to enter text. | Name: Click or tap here to enter text.  Job Title: Click or tap here to enter text.    Address: Click or tap here to enter text.  Email: Click or tap here to enter text.  Tel no. Click or tap here to enter text. |

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| **GENERAL INFORMATION** | | | | | | | |
| **PROFESSIONAL REGISTRATION**  The Care Quality Commission require us to ask applicants to 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 dismissal or disciplinary action.  Are you currently subject to any YES  NO  investigation or proceedings?  Have you ever been disqualified from the YES  NO  Practice of a profession or subjected to  Specified limitations?  If yes to either question please give details below:  Click or tap here to enter text. | | | | | | | |
| **ELIGIBILITY TO WORK** | | | | | | | |
| |  |  | | --- | --- | | Do you have the right to work in the UK?  If yes, are there any restrictions i.e. vias expiry?  Please give details:  Click or tap here to enter text. | YES NO  YES  NO | | If not, will you need a certificate of sponsorship to do this job? | YES NO | | Have you previously worked at Ashgate Hospice? | YES NO | | If yes, what were the dates of employment?  from Click or tap to enter a date. to Click or tap to enter a date. | | | If stated on the advert, do you wish to be considered on a job share basis? | YES NO | | | | | | | | |
| **RELATIONSHIP DISCLOSURE**  As far as you are aware are you related to any Member of the Board of Directors or employee of Ashgate Hospice.  If yes, please give details YES  NO  Click or tap here to enter text. | | | | | | | |
| Do you hold a current driving licence? YES  NO  Do you have the use of a car? YES  NO  If driving is a requirement of the post, please give details below of any endorsements:  Click or tap here to enter text. | | | | | | | |
| Any candidate who identifies themselves as disabled will be short listed if they meet the essential criteria for the role. Essential criteria can be found in the Job Description & Person Specification for the role  Do you have a Disability and wish to be considered for interview under the Guaranteed Interview Scheme?  Yes  No | | | | | | | |
| **Criminal Convictions:**  Please tell us about any unspent criminal convictions. Any information will be treated as confidential and will be discussed at interview only if the conviction 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 below:  Click or tap here to enter text. | | | | | | | |
| I understand that appointment to the post will be subject to all the information in this application, including that relating to criminal convictions, being complete and correct and that any false information given may make an offer of employment invalid or lead to termination of employment.  Signature: Date:  *Typing your name digitally above will be accepted as a digital signature and your agreement to the above statement.* | | | | | | | |
| **EMPLOYMENT HISTORY**  Please give details of present and previous work experience during the past ten years. | | | | | | | | |
| NAME AND ADDRESS OF EMPLOYER (STARTING WITH MOST RECENT) | | POSITION HELD, GRADE, MAIN DUTIES PERFORMED AND REASON FOR LEAVING | | | DATE  DD/MM/YY | | | |
| FROM | TO | | |
| Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. | | Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. | | | Click or tap to enter a date.  Click or tap here to enter text.  Click or tap here to enter text. | Click or tap to enter a date.  Click or tap here to enter text.  Click or tap here to enter text. | | |
| Please continue on a separate sheet if more space is required | | | | | | | | |
| NOTICE PERIOD:Click or tap here to enter text. | | | | | | | | |
| **EDUCATION & QUALIFICATIONS** | | | | | | |
| **SECONDARY EDUCATION** | | | | | | |
| NAME OF SCHOOL / COLLEGE | SUBJECT | | QUALIFICATION  GAINED | GRADE | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | | |
| **FURTHER / HIGHER EDUCATION** | | | | | | |
| NAME OF COLLEGE / UNIVERSITY | SUBJECT | | QUALIFICATION GAINED | GRADE | | |
| Click or tap here to enter text.  Click or tap here to enter text. | Click or tap here to enter text.  Click or tap here to enter text. | | Click or tap here to enter text.  Click or tap here to enter text. | Click or tap here to enter text.  Click or tap here to enter text. | | |
| **PROFESSIONAL QUALIFICATIONS** (eg Medical, Nursing, Management) | | | | | | |
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| NAME OF PROFESSIONAL BODY | MEMBERSHIP GRADE AND / OR REGISTRATION No AND PIN No | | YEAR ADMITTED | RENEWAL DATE | | |
| Click or tap here to enter text.  Click or tap here to enter text. | Click or tap here to enter text.  Click or tap here to enter text. | | Click or tap here to enter text.  Click or tap here to enter text. | Click or tap here to enter text.  Click or tap here to enter text. | | |
| **OTHER FORMAL TRAINING** (eg Management, Post Graduate or Continuous Professional Development) | | | | | | |
| NAME OF COLLEGE | SUBJECT | | LEVEL | DATE OF QUALIFICATION | | |
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| **ADDITIONAL INFORMATION** |
| The space below may be used to provide further information which you feel supports your application, including a general account of your experience, interests, voluntary work and any other information relevant to your application.  Click or tap here to enter text. |
| Please continue on a separate sheet if more space is required. |

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| **Application submission**  To submit your application form please email a copy to the HR department at [hr@ashgatehospicecare.org.uk](mailto:hr@ashgatehospicecare.org.uk) by midnight of the closing date.  If you are unable to submit via e-mail please post a copy to the below address ensuring it will be received before the closing date.  FAO HR  Ashgate Hospicecare  Ashgate Road  Old Brampton  S42 7JD  Please note that if applying via NHS Jobs we are happy to accept applications through their website.  Please do not submit your application directly to our retails stores. |