



Join the team and make a Difference

www.wsbhospices.co.uk

APPLICATION FOR EMPLOYMENT

Please fill in the Application Form, the form should be completed in **black ink** and returned to the HR department at the address shown below. Please note that questions marked with an asterisk * are mandatory and therefore must be answered.

**HR Department, Woking & Sam Beare Hospices
Denton Way, Goldsworth Park, Surrey, GU21 3LG**

For Office Use Only

Details entered in this part of the form will be held in the HR department of the recruiting organisation. For details on how your data will be kept and stored please read our Privacy Notice <https://www.wsbhospices.co.uk/about-us/information-governance/hr-volunteer-data/>

Job Title	
Department	

Personal Details

* Surname/Family Name			
*First Names			
Title		UK National Insurance No	
*Address			
*Postcode		*Country	
Home Telephone		Mobile Telephone	
Work Telephone		May we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address			
Date of Birth	____ / ____ / ____	<input type="checkbox"/> I do not wish to disclose this	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this		
*Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have leave to enter/remain and the right to work in the United Kingdom (UK)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If your right to remain in the UK requires a visa or permit please supply details, including permit/via number, validity and expiry date			

Preferred Employment Type	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Bank work
If relevant to your role do you have a valid driving licence for the UK?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If relevant to your role do you have access to a vehicle which can be used for work purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Equality Act 2010 (Disability Discrimination)

If you tell us that you have a disability we can make reasonable adjustments to where you work and your work arrangements and at interview.

Do you consider yourself to have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> I do not wish to disclose this information
	<input type="checkbox"/> No	
Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.		
<input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Learning Disability/Difficulty	
<input type="checkbox"/> Sensory Impairment	<input type="checkbox"/> Long-standing illness	
<input type="checkbox"/> Mental Health Condition	<input type="checkbox"/> Other	
If you have a disability do you require any specific arrangements to enable you to attend for interview?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please supply details below:		

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions to employers after the rehabilitation period set by the Court has elapsed and the convictions become 'spent'. During the rehabilitation period, convictions are referred to as 'unspent' convictions and must be declared to employers. Before you can be considered for appointment with Woking & Sam Beare Hospices we need to be satisfied about your character and suitability. Woking & Sam Beare Hospices aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation or age. Woking & Sam Beare Hospices undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

* Have you any unspent criminal convictions or any cautions, warnings or reprimands?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details		

If you are applying for a post involving access to persons in receipt of health services, your offer of employment will be subject to a satisfactory disclosure from the Disclosure and Barring Service. Failure to reveal information relating to any convictions could lead to withdrawal of an offer of employment.

Personal Relationships

If you are related to, or have a relationship with a current employee of Woking & Sam Beare Hospices please state the employee's name and your relationship

Education & Professional Qualifications

Include in this section all the relevant qualifications. Please also indicate subjects currently being studied.			
Subject/Qualification	Place of Study	Grade/result	Year

Training Courses Attended

Include in this section any relevant training courses that you have attended or details of courses that you are currently undertaking.			
Course Title	Training Provider	Duration	Date Completed

Employment History

Current Employer

Please record below the details of your current employment

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date		End Date	
Notice Period		Salary	
Reporting to (job title)			
Reason for leaving (if applicable)			
Description of your duties and responsibilities			

Previous Employment

Please record below the details of your previous employment beginning with the most recent first giving **full career history** details. Please use additional sheets of paper if required. Please explain any gaps in employment in the 'Supporting Information' section below.

Previous Employer 1

Employer Name			
Address			
Job Title			
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 2

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 3

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 4

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

We require a full employment history therefore if there insufficient room above please attach additional sheet/s if necessary or attach a copy of your CV.

Supporting Information

In this section please give your reasons for applying for this post and additional information which shows how you match the person specification for the job (you will have been sent this document with the application form). This can include relevant skills, knowledge, experience, voluntary activities and training etc.

Supporting information

References

Please give the names of the people who have agreed to supply references. For all positions you must provide two references. If you are, or have been employed, these should be your **two most recent employers**. These may include your line manager or someone in a position of responsibility who can comment on your work experience, competence, personal qualities and suitability for the post. If you are a student please provide contact details of a teacher at your school, college or university. Please note that personal references such as friends and relatives are not acceptable. For all posts written references obtained must cover the preceding three years of employment.

Referee 1

*Surname/Family name		First Name	
Title			
Job Title			
*Address			
*Post Code		*Country	
Telephone		Fax	
Email			
* Relationship		*Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Referee 2

*Surname/Family name		First Name	
Title			
Job Title			
*Address			
*Post Code		*Country	
Telephone		Fax	
Email			
*Relationship		* Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Where did you see this vacancy advertised?	
<input type="checkbox"/> Hospice Website <input type="checkbox"/> Search Engine <input type="checkbox"/> Other Website <input type="checkbox"/> National Newspaper	<input type="checkbox"/> Local Newspaper <input type="checkbox"/> Jobcentre Plus <input type="checkbox"/> Radio <input type="checkbox"/> Other <input type="checkbox"/> Current employee of WSBH

DECLARATION

The information in this form is true and complete. I agree that any deliberate omissions, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. This applies equally to any medical questionnaire/forms I may complete.

I agree to the above declaration			
Signature			
Name		Date	

