**Form: AP/02**



**Join the team and make a Difference**

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| **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?** | | 🞎 Yes 🞎 No | |
| **Email Address** | |  | | | | | |
| **Date of Birth** | \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ 🞎 I do not wish to disclose this | | | | | | |
| **Gender** | 🞎 Male 🞎 Female 🞎 I do not wish to disclose this | | | | | | |
| **\*Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?** | | | | | | | |
| 🞎 Yes 🞎 No | | | | | | | |
| **Do you have leave to enter/remain and the right to work in the United Kingdom (UK)?** | | | | | | | |
| 🞎 Yes 🞎 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** | | | 🞎 Full Time 🞎 Part Time 🞎 Bank work | | | |
| **If relevant to your role do you have a valid driving licence for the UK?** | | | | | 🞎 Yes 🞎 No | |
| **If relevant to your role do you have access to a vehicle which can be used for work purposes?** | | | | | 🞎 Yes 🞎 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?** | 🞎 Yes 🞎 I do not wish to disclose this information  🞎 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’.** | |
| 🞎 Physical Impairment 🞎 Learning Disability/Difficulty  🞎 Sensory Impairment 🞎 Long-standing illness  🞎 Mental Health Condition 🞎 Other | |
| **If you have a disability do you require any specific arrangements to enable you to attend for interview?** | |
| 🞎 Yes 🞎 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.

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| --- | --- |
| **\* Have you any unspent criminal convictions or any cautions, warnings or reprimands?** | 🞎 Yes 🞎 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**

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

**We require full details of your past employment covering the past 10 years if applicable. Please use extra pages and forward your CV.**

**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** | **Grade** | | |
| **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.

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| **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 five 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?** | 🞎 Yes 🞎 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?** | **🞎 Yes 🞎 No** |

|  |  |
| --- | --- |
| **Where did you see this vacancy advertised?** | |
| 🞎 Hospice Website  🞎 Search Engine  🞎 Other Website  🞎 National Newspaper | 🞎 Local Newspaper  🞎 Jobcentre Plus  🞎 Radio  🞎 Other  🞎 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** |  |