



T: 01934 423900 | F: 01934 423901

Hospice Application Form												
Post Title	Trusts, Legacies & Lottery Fundraiser					٧	acanc	y Ref	WHC-TLL			
Where did you	find	out about the vacancy?							,			
Date you are available to start work with us						Salar	y Expec	tatio	ns			
Personal Info	rmat	ion	'									
Surname	iiiat	1011	Forena	me	e/s							
Address												
Town/City			County		F		Postcode					
Phone No					Mobile N	vile No						
E-mail Addres	s			Na	tional In	suran	ce Num	ber				
Are you eligib	le to	work in the UK?							Yes 🗆 No 🗆			
Do you require	e a w	ork permit to work in the	UK?	Ye	s 🗆 No			<b>M</b> /	.:11			
If so, do you have a valid work permit?							rill need to see documentation at ffer stage					
Because of the nature of our work at the Hospice; some posts are exempt from Section 4 (2) of the Rehabilitation of Offenders Act (1974). Any offer of employment would be subject to a DBS disclosure at the level appropriate to the job role. If you are unsure, please refer to the Job Advert or the Job Description/Person Specification, or contact HR for advice. If this is not a requirement for your role, please move straight to the next section of this form.												
Do you have any spent or unspent convictions, cautions, reprimands or final warnings that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?  The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account.  Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.												
Have you any pending criminal charges?  YES NO If yes, please detail on separate sheet							eet					
For certain posts you are required to be registered with the relevant professional bodies (e.g. NMC, GMC, HPC.)  Any offer of employment will be conditional on satisfactory registration checks with these bodies.												
Professional E	Body	Pi	n/Registı	rati	ion No					Expiry -	′	
Have you ever	bee	n subject to investigation	/regulato	ry	proceedi	ngs in	the UK	or ot	her o	countr	y? YE	ES 🗆 NO 🗆
* If the answer to the above is YES please give more details on a separate sheet, or call HR for advice												

References – Please provide details of your two previous employers. These should be your two MOST RECENT employers. We will not contact referees without your permission if you have checked 'NO' below.								
Referee Name		Position/Job Title						
Relationship to you (e.g.	Line Mgr, Department	Head)						
Organisation Name		·						
Organisation Address								
Contact Number		Contact E-mail						
I authorise Weston Hospi	cecare to obtain refere	nces from the emp	oloyer (abo	ve) YES	□ NO □	]		
Referee Name		Position/Job Title						
Relationship to you (e.g.	Line Mgr, Department	Head)						
Organisation Name		<u> </u>						
Organisation Address								
Contact Number		Contact E-mail						
I authorise Weston Hospi	cecare to obtain refere	ences from the emp	oloyer (abo	ve) YES		1		
Current/most recent job – briefly describe your duties/responsibilities in your current/most recent role, in the space below.								
Name of Organisation			Date Joined					
Are you still employed the	ere? YES NO	If' NO' Date and	reason for	rleaving				
Are you/ have you ever been subject to disciplinary poor performance proceedings whilst employed there?								
Your Job Title			Current/L	eaving Sal	ary			
Brief description of duties and responsibilities								

Career History – please start with the most recent. Continue on a separate sheet if you wish.								
Name of Organisation		Position Hel						
Address of Organisation								
Date Joined		Date Left	Rea	ason for Leaving				
Brief descripti	Brief description of main duties:							
Name of Orga	nication			Position Held				
Name of Orga				Position Held				
Address of Or Date Joined	ganisation	Date Left	Day					
			Rea	ason for Leaving				
Brief descripti	ion of main dutie	:5:						
Name of Orga	nisation			Position Held				
Address of Or	ganisation							
Date Joined		Date Left	Rea	Reason for Leaving				
Brief description of main duties:								
Name of Orga	nisation			Position Held				
	Address of Organisation							
Date Joined		Date Left	Date Left Reason for Leaving					
	ion of main dutie			<u> </u>				
Brief description of main duties:								

Education – Where a professional/academic qualification is an essential requirement of the job; we may seek to verify these with the relevant educational authorities. You may be asked to provide documentation at the job offer stage.								
Professional Institution (e.g. school, college, work based training course)	(e.g. O Level Ma Health & Social (	Level & subject studied (e.g. O Level Maths, NVQ Level 2 Health & Social Care, BSc in Palliative & End of Life Care)		/ Year in which your qualification was achieved				
Driving – some roles require a current full driving licence. If you are unsure whether the post you are applying for requires this, please refer to the Job Advert or the Job Description/Person Specification, or contact HR for advice. If this is not a requirement for your role, please move straight to the next section of this form.								
Are you able to travel to and between our various locations for work/training purposes?								
Do you hold a full current driving licence? *	ES 🗆 NO 🗀	· -	you have access to a car that you use for work purposes?					
Do you have any current endorses	ments?	YES 🗆 NO						
* Please note - at the job offer stage, we will need to take and hold a copy of this for our records								

oporting Information – Please use this section to tell us in more detail about your skills and experience. This mee been gained whilst doing paid or unpaid work, apprenticeships, whilst at college or at any other time in you at you write here will be compared against the criteria detailed in the Job Description and Person Specification as ensure you mention anything here that demonstrates that you fulfil the criteria. Don't assume that we wow.	or life. on.

Declaration Statement							
Please note that if any particulars given by you in this application are found to be false or if you omit or suppress any material facts, you will be liable to any job offer being withdrawn, or dismissal if you have already been appointed.							
Accordingly, please complete the following:							
I understand and agree to the following:							
Should an offer of employment be made, I will be required to provide evidence of my eligibility to work in the United Kingdom before my employment commences.							
I declare that to the best of my knowledge and belief the information supplied on this form is accurate, complete and true. My appointment will be subject to the verification of the information provided on this form. Should any of the information I have given in this application be false, misleading or incomplete, it may lead to any job offer being withdrawn or my employment being terminated.  I authorise Weston Hospicecare to obtain appropriate levels of criminal records checks during my employment and to disclose the information obtained to appropriate staff.							
If completing your application by hand, please sign and date the declaration below.							
Signed		Dated					
If completing your application electronically -please check the box to show you have read and understood the above declaration statement, and select today's date. $\Box$							
What will happen next							

Please return your application to the HR Department (the address is at the top of the form) by midday on the closing date. This date can be found on the Job Advert. If returning your application electronically, please e-mail to <a href="mailto:hr.admin@westonhospicecare.org.uk">hr.admin@westonhospicecare.org.uk</a> by the closing date.

You will be contacted after the short listing process to confirm whether you have been selected for an interview, this can take around a week, but usually no more than two weeks from the closing date.