

Hospice Application Form

Post Title	Bank Registered Nurse	Vacancy Ref	WHC-BANK
Where did you find out about the vacancy?			
Date you are available to start work with us		Salary Expectations	

Personal Information				
Surname		Forename/s		
Address				
Town/City		County		Postcode
Phone No		Mobile No		
E-mail Address		National Insurance Number		
Are you eligible to work in the UK?				YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you require a work permit to work in the UK?		YES <input type="checkbox"/> NO <input type="checkbox"/>		We will need to see documentation at the offer stage
If so, do you have a valid work permit?		YES <input type="checkbox"/> NO <input type="checkbox"/>		

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.

<p>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)?</p> <p>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.</p> <p>Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.</p>	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please detail on separate sheet
Have you any pending criminal charges?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please detail on separate sheet

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 Body	Pin/Registration No	Expiry	
Have you ever been subject to investigation/regulatory proceedings in the UK or other country?			YES <input type="checkbox"/> NO <input type="checkbox"/>

* 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 Hospicecare to obtain references from the employer (above)			YES <input type="checkbox"/> NO <input type="checkbox"/>

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 Hospicecare to obtain references from the employer (above)			YES <input type="checkbox"/> NO <input type="checkbox"/>

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 there?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If 'NO' Date and reason for leaving	
Are you/ have you ever been subject to disciplinary poor performance proceedings whilst employed there?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Your Job Title		Current/Leaving Salary	

Description of duties and responsibilities

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Career History – please start with the most recent. Continue on a separate sheet if you wish.

Name of Organisation		Position Held	
Address of Organisation			
Date Joined		Date Left	Reason for Leaving
Main Duties:			

Name of Organisation		Position Held	
Address of Organisation			
Date Joined		Date Left	Reason for Leaving
Main Duties:			

Name of Organisation		Position Held	
Address of Organisation			
Date Joined		Date Left	Reason for Leaving
Main Duties:			

Name of Organisation		Position Held	
Address of Organisation			
Date Joined		Date Left	Reason for Leaving
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)	Level & subject studied (e.g. O Level Maths, NVQ Level 2 Health & Social Care, BSc in Palliative & End of Life Care)	Type of qualification / grade or level achieved (e.g. pass, merit, distinction)	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?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you hold a full current driving licence? *	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have access to a car that you can use for work purposes? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have any current endorsements?		YES <input type="checkbox"/> NO <input type="checkbox"/>

* Please note - at the job offer stage, we will need to take and hold a copy of this for our records

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

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. <input type="checkbox"/>			Click here to enter a date.

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 hr.admin@westonhospicecare.org.uk 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.