



External Application Form

Please fully complete all sections using type face or black ink. **CVs will not be accepted as a substitute for completing this application form, but may be attached.** Use separate sheets if necessary. Upon completion, please return this form marked **PRIVATE & CONFIDENTIAL** to: The Personnel Dept, St Helena Hospice, Barncroft Close, Highwoods, Colchester, Essex. CO4 9JU.

Post Applied For

Personal Details

Surname	First Name
Title (Ms/Miss/Mrs/Mr/Dr/Other)	The name you prefer to be known as (if different from your first name)
Address	Telephone (day)
	Telephone (evening)
	Email
Postcode	National Insurance number:

General Information

If appointed, when you would be able to start?	Are there any dates or times when you would NOT be available for interview?
Do you hold a current full driving licence? Yes / No	Do you have access to a car if this is a requirement of the job?
Do you require a work permit? Yes / No	What other interests do you have outside work?

Present and most recent employment

Job title:

Employers' Names & Addresses:

Salary:

Hours worked per week:

Date commenced:

Reason for leaving:

Brief description of duties / responsibilities:

Previous employment

Please provide a full account of the last 10-15 years starting with current or most recent including any periods of unemployment, with reasons.

Dates		Job Title	Employers Name & Address	Reason for leaving
From	To			

Education, Training and Qualifications

Dates		Secondary School / College/ University, etc	Qualifications Gained (Subject / level / grade / year)
To	From		

Membership of Professional Bodies / Associations

Dates		Organisation/Professional Body	Membership Grade
To	From		

Nurses/Social Workers Only

UKCC Pin/Registration Number		Date of expiry	
Qualifications held on register			

Training seminars or short term courses attended - subject, date, duration
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Health

Please state the number of days absent from work due to sickness or hospitalisation in the last three years and indicate reasons.

Total number of days _____ Total number of occasions _____

Do you consider you have a health problem or a disability relevant to your application?

Yes / No If Yes, please give details:

Have you suffered a significant loss during the past year i.e. Bereavement, Divorce, etc?

Yes / No If Yes, please give details:

Rehabilitation of Offenders Act

Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act (Exemptions) Order 1975.

Applicants are, therefore, required to give all relevant information about convictions which for other purposes are "spent" under the provisions of the Act, and in the event of employment, any failure to disclose such convictions could result in dismissal or serious disciplinary action by the Hospice. Any information given will be completely confidential and will only be considered in relation to an application for positions to which the order applies. Having a criminal record will not necessarily bar an applicant from working with the Hospice.

Do you have any convictions? (Please state Yes or No) _____

Are you currently subject to any form of Police Investigation? (Please state Yes or No) _____

If yes, please provide full details separately.

Please note: in accordance with our policy, it may be necessary to undertake a Criminal Records Bureau check.

Additional information

Please use this section to explain your reasons for applying for this post and how your experience, knowledge, training, skills and abilities are relevant for this post.

[Empty text box for providing additional information]

References

Please provide the name and contact details of three references. The first two referees must be your two most recent employers or course tutor if you are a student. The third referee should be someone who knows your professional work well enough to be able to comment meaningfully about your ability to carry out this job. They must be over 18 years old, not be related to you, and have known you for at least one year. The third reference might be a personal friend. Job offers may be withdrawn if references satisfactory to the Hospice are not forthcoming.

Reference 1:

Full Name: _____ Position / job title: _____

Address: _____

Relationship _____

Tel number: _____

E-mail _____

When may we contact this referee? After short-listing? After offer?

Reference 2:

Full Name: _____ Position / job title: _____

Address: _____

Relationship _____

Tel number: _____

E-mail _____

When may we contact this referee? After short-listing? After offer?

Reference 3:

Full Name: _____ Position / job title: _____

Address: _____

Relationship _____

Tel number: _____

E-mail _____

When may we contact this referee? After short-listing? After offer?

Declaration

I hereby confirm that the information I have provided on this application form (and any additional sheets) is, to the best of my knowledge, true, accurate and complete. I understand that if I provide any false or misleading information, I shall be subject to serious disciplinary action that may result in my dismissal.

Signed: _____

Dated: _____



Equal Opportunities Monitoring Form

Name: _____

Date of Birth _____

Post applied for: _____

Date: _____

We are committed to selecting staff solely on the basis of their ability to do the job for which they are being recruited, regardless of disability, race, gender, gender reassignment, health, social class, sex preference/orientation, marital status, nationality, religion, employment status, age, membership or non-membership of Trade Union. A full copy of our Equal Opportunities policy is available on request. Please help us to monitor the implementation of this policy by completing and returning this form. Your answers will be kept strictly **confidential**. **This form will be detached from your application. It will not be seen by the panel which shortlists or interviews for the job.**

1. Where did you first learn about this job?

- Through a Newspaper/Journal advertisement (please specify paper below)
- Through a friend who works at St Helena Hospice
- Through being a volunteer
- Through the internet
- Other (please specify below)

Please give more details: _____

2. Sex

- Female
- Male

3. Age range

- 20 years or younger
- 21- 30 years
- 31- 40 years
- 41- 50 years
- 51- 60 years
- 61 years or over

4. Disability

The 1995 UK Disability Discrimination Act defines disability as ‘ a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities.’ Disability can include conditions such as chronic back pain, diabetes, and repetitive strain injury or work related upper limb disorder.

Do you regard yourself as having a disability? (Please indicate as appropriate)

- Yes
- No

5. Ethnic Origin

These figures are primarily used to monitor whether we treat people from all ethnic origins fairly. Ethnic origin questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic group - for example, UK citizens can belong to any of the groups indicated. The categories we use are those recommended by the Commission for Racial Equality as they allow us to use census figures as a benchmark against which to compare. (Please tick the one box that MOST describes you).

- White
- Black - African
- Black - Caribbean
- Black - Other
- Bangladeshi
- Chinese
- Indian
- Pakistani
- Other (I am none of the above) Please specify

If you wish to provide more details about your ethnic origin please specify below:

6. Region of origin

- Africa (excluding North Africa)
- Asia
- Caribbean
- Central and South America
- Eastern Europe
- Middle East/North Africa
- North America
- Pacific (including Australia/New Zealand)
- Western Europe (excluding the UK)
- UK
- Other (Please specify)