

## APPLICATION FOR EMPLOYMENT

*All sections of this form must be completed in full in either black ink or type.  
A CV is welcomed but will only be accepted if it is an addition to the completed application form.*

Post Applied for: ..... Closing Date: .....

Where did you see this post advertised?.....

### A. PERSONAL DETAILS:

Surname:.....Forenames:.....Title:.....

Address:.....

.....Post Code:.....

Tel No. Home:.....Mobile:.....

Please answer the following two questions only if they apply to your application.

Do you possess a current UK driving licence?  Yes  No Do you have the daily use of a car?  Yes  No

### B. CURRENT EMPLOYMENT (please give details of present or most recent employment)

Name and address of current/most recent employer:.....

Job Title: ..... Current Salary:.....

Start Date: ..... Leaving Date: ..... Notice period:.....

Please give a brief summary of the main responsibilities of your current/last job:

### C. PREVIOUS EMPLOYMENT – (Please start with the most recent, explaining any gaps in employment.

Continue on a separate sheet if necessary)

Name and address of previous Employers covering last 10 years	Post Held	From	To	Reason for leaving (Must be stated)

**D. EDUCATION, QUALIFICATIONS AND TRAINING**

**GENERAL EDUCATION** – give details of CSE, GCE, GCSE, 'A' levels

Title of course or subject	Level	Grade	Name of School or College etc

**FURTHER EDUCATION AND PROFESSIONAL QUALIFICATIONS** – Diplomas, Degrees, and Professional Qualifications. Most recent first.

Title of course or subject	Level	Grade	Name of School or College

**TRAINING COURSES** – give details of other relevant training courses undertaken, with dates. Please continue on a separate sheet if necessary.

Course Title	Course Provider	Dates

**E. REFERENCES**

Please give names and addresses of two referees who have agreed to give an opinion of your character, ability, experience and qualifications. One of the two referees must be your present or last employer, if previously employed. Personal references, work colleagues, friends or relatives are not acceptable. References will only be requested when you are invited for interview. Barnsley Hospice also reserves the right to contact any other previous employer.

Name/job title .....	Name/job title .....
Full postal address inc postcode ..... .....	Full postal address inc postcode ..... .....
Tel/Fax .....	Tel/Fax.....
E-mail address.....	E-mail address.....
Relationship .....	Relationship .....
If you are invited for interview, can we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are invited for interview can we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No

## **F. FURTHER INFORMATION**

This is one of the most important parts of your application. You should read the job description - this shows you the duties of the post – and the person specification – this shows you the skills we are looking for. Please answer the following questions. If you require more space, please attach an additional sheet.

**1. Please state why you think you are suited to the job for which you are applying.**

**2. Please state what you believe to be your main strengths.**

**3. Which aspect(s) of your work interest you most?**

**4. What has prompted you to seek new employment?**

**G. PROFESSIONAL REGISTRATION (MEDICAL/NURSING)**

Applicants for medical and nursing posts must complete the following:

Professional Registration Body (eg NMC, GMC, CSP): .....

Type of registration (eg Full, Limited, Provisional):  
.....

Registration Number: ..... Expiry Date: .....

1. Are you currently the subject of any investigation or proceedings by any body having regulatory functions in relation to health/social care professionals including such a regulatory body in another country?

Yes                       No

2. Have you ever been disqualified from the practice of a profession or required to practise it subject to specified limitations following a fitness to practice investigation by a regulatory body, in the UK or another country

Yes                       No

If **Yes**, what are these conditions? .....

**H. MEMBERSHIP OF PROFESSIONAL BODIES**

Name of Institution/ Professional Body	Level/grade of Membership	Registration No.	Date obtained	Date of Expiry

**I. DATA PROTECTION AND DECLARATION - It is important that you read this section carefully before signing**

**DATA PROTECTION**

The information provided on this application form and accompanying personal information sheet will remain private and confidential and will be used for the purpose of selection/recruitment. Where the application is successful the Barnsley Hospice may from time to time wish to process this information (as updated periodically) for personnel administration and business management purposes. Where this is the case, processing will take place in accordance with the provisions of the Data Protection Acts 1984 and 1998. Please also note the Barnsley Hospice may approach third parties to verify the information that you have given. By signing this application form you will be providing the organisation with your consent to all these uses.

**DECLARATION**

I declare to the best of my knowledge and belief, all particulars I have given in this application form and accompanying personal information sheet are complete and true. I understand that any false declaration or misleading statement or a significant omission may disqualify me from employment and render me liable to dismissal. I understand that any job offer is subject to references, checks on relevant qualifications, employment eligibility and criminal convictions, a probationary period and health questionnaire, all of which must be deemed by the company satisfactory.

Signed:..... Date:.....

**PLEASE RETURN YOUR COMPLETED FORM, ALONG WITH THE COMPLETED PERSONAL INFORMATION SHEET TO:-  
Private & Confidential, The HR Department, Barnsley Hospice,  
Church Street, Gawber, Barnsley South Yorkshire, S75 2RL**



**CRIMINAL CONVICTIONS**

This post is exempt from the Rehabilitation of Offenders Act (1974), **this means that you must provide details of any previous criminal convictions.** Failure to disclose any such convictions could result in dismissal or disciplinary action by the Hospice.

This information will be kept in confidence by the Human Resources Department and will be discussed with short listed applicants at interview only if the conviction is considered relevant to the post.

Have you ever been convicted of a criminal offence?       Yes       No

If yes, please state nature of conviction and date: .....  
.....  
.....

Are you currently the subject of a police investigation?       Yes       No

If Yes, please state the nature of this investigation: .....  
.....  
.....

**DISCLOSURE**

If you are successful in your application for this post you will be asked to obtain an Enhanced Level Disclosure from the Criminal Records Bureau (CRB) prior to commencement in the post to check that you have no convictions that would render you unsuitable to work within a Hospice setting. The Hospice will also request checks and make referrals under the Protection of Vulnerable Adults List (POVA) and protection of Children’s Act List (POCA) where applicable.

**RELATIONSHIPS**

Are you related to an employee or Trustee of the Barnsley Hospice?       Yes       No

If Yes, please provide details: .....

**DECLARATION – It is important that you read this section carefully before signing.**

I understand that my appointment to the post will be subject to the information in this personal information sheet and accompanying application form being complete and correct. I understand that any inclusion by me of any false or misleading information, or any non-disclosure or omission of information in the personal information sheet and accompanying application form may invalidate any subsequent offer of employment and/or lead to the termination of my employment with the Barnsley Hospice.

Signed: .....      Date: .....