The Prince of Wales Hospice

Application Form

(Related Documents: 0087 Recruitment & Selection Policy)

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| **Please complete in BLACK INK and BLOCK CAPITALS or TYPE** |

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| Post Applied For |
| Job Title: |
| Where did you see this post advertised? |

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| Personal Details | | |
| Surname: | Forename(s): | |
| Address:  Postcode: | Mobile Phone: | |
| Home Phone: | |
| Email: | |
| Do you have a current, clean driving licence? | | Yes / No |
| If the role involves driving, do you have use of a car on a regular basis? | | Yes / No |

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| Education (include qualifications currently being pursued and expected outcome)  Please list in chronological order most recent qualifications first | | | |
| Subject and Qualification | School / College / University | Grade / Result | Year Obtained |
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| Any Other Training (relevant to role) | | |
| Details of Training | Organisation | Year Obtained |
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| Voluntary Work or Other Experiences | |
| Details | Dates |
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| Present / Most Recent Employment  (Please provide a full employment history, together with a satisfactory explanation of any gaps in employment) | | | | | |
| Employer's Name, Address, Contact Name and Telephone Number: | | | | | |
| Job Title: | | | | | |
| Date from: | | | | Date to: | |
| Present grade / salary: | | | | Notice period: | |
| Reason for leaving: | | | | | |
| Describe duties and responsibilities: | | | | | |
| Previous Employment (List in chronological order with most recent first)  (Please provide a full employment history, together with a satisfactory explanation of any gaps in employment) | | | | | |
| Employer's  name and address | Position held and salary | Dates  From - To | Key responsibilities | | Reason for leaving |
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| Membership of Professional Bodies | |
| Professional Body |  |
| Membership Registration / PIN number |  |
| Expiry / renewal date |  |

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| Fitness to Practice | |
| If you are applying for a post that requires professional registration you are required to provide the following information: | |
| Are you currently the subject of a fitness to practise investigation or proceedings by a licensing or regulatory body in the UK or in any other country? |  |
| Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country? |  |
| Further Supporting Information | |
| Please indicate how you match the requirements of the post as specified in the Role Profile and Person Specification. Include details of any activities outside work which may also demonstrate these requirements.  Note: You may use a maximum of one further side of A4 in addition to the space below. | |
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| References | |
| Please provide the names, addresses and contact numbers of two referees covering a minimum of your last 3 years of employment (where possible). At least one referee must be your present or most recent employer. | |
| **Referee 1:** | **Referee 2:** |
| Name: | Name: |
| Job Title: | Job Title: |
| Address:  Postcode: | Address:  Postcode: |
| Telephone Number: | Telephone Number: |
| Email: | Email: |
| Relationship: | Relationship: |
| Can the referee be approached prior to interview?  Yes / No | Can the referee be approached prior to interview?  Yes / No |

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| Criminal Offences |
| **Please see recruitment information for details of whether this post is subject to a Disclosure and Barring Service Check (DBS Check).**  If so, the following is applicable and must be completed:  The Prince of Wales Hospice is exempt from the provisions of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act (Exceptions) Order 1975. Applicants are not entitled to withhold information about convictions, cautions, warnings, reprimands or binding overs which for other purposes are "spent" under the provisions of the Act. Any information provided will be confidential and will be considered only in relation to the post to which the order applies. Failure to reveal information could lead to a withdrawal of an offer of employment. In the event of any employment, failure to disclose this information could result in dismissal or disciplinary action.  Have you ever been convicted or a criminal offence, received bind overs or police cautions?  **Yes / No** (delete as appropriate). If yes, please provide details on a separate attached sheet. |

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| Eligibility to Work in the UK |
| As an employer, we have a responsibility to prevent illegal working and to ensure you are legally entitled to work in the UK. Are there any restrictions to your residence in the UK which might affect your right to take up employment with us?  If yes, please provide details:  If you are offered a position with the Hospice, you will be required to provide original documentary evidence of your eligibility to work in the UK. |

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| Relationships/Connections to Hospice |
| Are you related to anyone employed or who volunteers at the Hospice? Please note this should be declared but is unlikely to affect recruitment.  If yes, please provide details: |

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| Declaration |
| I declare that the information given on this form and the Equal Opportunities Monitoring Form is accurate and true. I understand that providing misleading or false information will disqualify me from appointment or, if appointed, may result in my dismissal.  I understand that an appointment, if offered, will be subject to satisfactory medical clearance, references, registration (if appropriate), compliance with the Asylum and Immigration Act and, if required, a Disclosure and Barring Service (DBS) check. If a DBS check is required I give permission for the application and processing of this.  The information provided by me may be processed for purposes permitted under the General Data Protection Regulation. Individuals have, on written request, the right of access to personal data held about them. The organisation treats personal data collected during the recruitment process in accordance with its Data Protection and Privacy Policies which are available on our website.  Signature: ............................................................................................. Date: ............................................ |

**This form must be returned with the Equal Opportunities Monitoring Form.**

**These forms can be returned by post or by email:**

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| **If returning by post:**  HR Team  The Prince of Wales Hospice  Halfpenny Lane  Pontefract  West Yorkshire  WF8 4BG | **If returning by email:**  recruitment@pwh.org.uk | **If submitting online:**  www.pwh.org.uk/vacancies |