

|  |
| --- |
| **APPLICATION FOR THE POST OF:** |
| CLOSING DATE:       |

|  |  |
| --- | --- |
| SURNAME:       | FORENAME(S):       |
| TITLE:       | ADDRESS:                     POSTCODE:       |
| DATE OF BIRTH:       |
| NATIONAL INS NO:       |
| EMAIL ADDRESS:       | HOME TEL NO.:       | MOBILE TEL NO.:       |

|  |
| --- |
| Please give details of two referees **who have already consented** to be approached for a reference on your behalf, one of who should be your present or most recent employer(s). **Relatives & friends should not be given as referees.**School / College leavers should give School / College referees where it is not possible to give an employer.References will be sought if you are shortlisted for interview.**If you do not wish your current employer to be contacted prior to interview, please click/check the appropriate box below.** |
| **(1)** TITLE: (MR / MRS / MISS/ MS / DR)       [ ] NAME:      ADDRESS:                POSTCODE:      TELEPHONE NUMBER:      EMAIL ADDRESS:      CAPACITY IN WHICH KNOWN:       | **(2)**TITLE: (MR / MRS / MISS/ MS / DR)**[ ]** NAME:      ADDRESS:          POSTCODE:      TELEPHONE NUMBER:      EMAIL ADDRESS:      CAPACITY IN WHICH KNOWN:       |

|  |
| --- |
| All applicants will be required to undergo pre-employment medical screening.It is our policy to provide assistance to disabled persons to give the opportunity of obtaining and retaining suitable employment. If you have an illness or disability which has lasted or is likely to last for at least a year, you are invited to declare this below, together with any particular requirements or supportive reasonable adjustments you may have to enable you to attend for an interview or to work.       |

**APPLICANT NUMBER:**

**FOR OFFICE USE ONLY**

**REFERENCES**

**PERSONAL DETAILS**

**HEALTH**

**PLEASE COMPLETE THIS FORM IN TYPE OR BLACK INK**

THE INFORMATION ON THE FRONT AND BACK PAGES WILL BE SEPARATED FROM THE APPLICATION UPON RECEIPT OF A COMPLETED FORM AND WILL NOT FORM ANY PART OF THE SELECTION PROCESS

**Town Lane**

**Southport, PR8 6RE**

**www.queenscourt.org.uk**

✂ --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

|  |
| --- |
| **APPLICATION FOR THE POST OF:**  |
| CLOSING DATE:       |

**APPLICANT NUMBER:**

**FOR OFFICE USE ONLY**

**GENERAL EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECONDARY SCHOOL** | **QUALIFICATIONS OBTAINED** | **LEVEL** | **GRADE** | **DATE** |
|  |  |  |  |  |

**FURTHER EDUCATION, PROFESSIONAL QUALIFICATIONS (PAST AND PRESENT)**

|  |  |  |
| --- | --- | --- |
| **UNIVERSITY / COLLEGE / TRAINING SCHOOL** | **QUALIFICATIONS OBTAINED, GRADES & SUBJECTS** | **DATE** |
|  |  |  |

**TRAINING COURSES ATTENDED**

|  |  |  |
| --- | --- | --- |
| **TITLE & DURATION** | **WHERE HELD** | **DATE** |
|  |  |  |

**PROFESSIONAL MEMBERSHIPS**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF MEMBERSHIP** **E.g. NMC, CIPD, Institute of Fundraising** | **LEVEL** **E.g. Student, Associate, Chartered** | **MEMBERSHIP NUMBER** | **EXPIRY/RENEWAL DATE** |
|  |  |  |  |

**DRIVING**

|  |
| --- |
| DO YOU HOLD A CURRENT DRIVING LICENCE? Yes [ ]  No [ ]  |
| DO YOU HAVE THE USE OF A CAR FOR WORK IF REQUIRED? Yes [ ]  No [ ]  |

**PRESENT / MOST RECENT EMPLOYMENT (IF APPLICABLE)**

|  |  |
| --- | --- |
| NAME AND ADDRESS OF PRESENT OR MOST RECENT EMPLOYER:      | POST      |
| SALARY      | NO. HOURS WORKED      |
| DATE APPOINTED      | DATE OF LEAVING      |
| EMPLOYERS BUSINESS      | REASON FOR LEAVING      |
| NOTICE PERIOD      |

**PREVIOUS EMPLOYMENT (MOST RECENT FIRST). PLEASE ACCOUNT FOR ALL BREAKS IN SERVICE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME & ADDRESS OF PREVOUS EMPLOYER** | **POST HELD****(Inc. PT OR FT)** | **FROM****D M Y** | **TO****D M Y** | **REASON FOR LEAVING** |
|  |  |  |  |  |

**DO YOU NEED A WORK PERMIT TO TAKE UP EMPLOYMENT IN THE UK?**

No

Yes

**[ ]** **[ ]**

The Asylum and Immigration Act 1996 makes it a criminal offence for an employer to take on an individual who does not have the right to work in the UK. You may be asked to confirm that you are authorised to work in the UK and produce necessary documentary evidence.

**APPLICANT NUMBER:**

**FOR OFFICE USE ONLY**

**ADDITIONAL INFORMATION**

|  |
| --- |
| You are invited to give a brief summary of your present / previous duties and any relevant experience, training and reasons for applying for the post (continue on a separate sheet if necessary)      |

**APPLICANT NUMBER:**

**FOR OFFICE USE ONLY**

**REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS ORDER 1975)**

|  |
| --- |
| If the nature of the work for which you have applied involves direct contact with people who are receiving a health service, we are obliged to ask you, in connection with this application, to disclose any convictions you may have. Under the conditions of the above order, you are not entitled to withhold any information about criminal convictions you may have had, including any spent convictions or prosecutions pending. Any such information given will be treated entirely confidentially and will be considered only in relation to applications for positions covered by the Rehabilitation of Offenders Act 1974 (Exceptions Order 1975). Any failure to disclose such conviction may result in disciplinary action or summary dismissal.HAVE YOU HAD A CONVICTION OR ANY PROSECUTION PENDING? YES [ ]  NO [ ] If YES, enter details below (e.g. date, type of offence / sentence / fine imposed, etc.): |

**PRE & POST APPOINTMENT CHECKS**

|  |
| --- |
| Have you ever been a member of a professional body? NO [ ]  YES [ ]  Name of Body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are you currently the subject of any investigation or proceedings by any body having regulatory functions relating to health social care professions, including such body in another country? YES [ ]  NO [ ] Have you ever been disqualified from the practice of a profession or required to practice it subject to specified limitations following fitness to practice proceedings by a regulatory body in the UK or another country? YES [ ]  NO [ ]  |

**DECLARATION**

|  |
| --- |
| I declare that the information contained in this form is true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, the Hospice has the right to dismiss me summarily from my appointment. I also understand that canvassing will disqualify me and that any offer of appointment will be subject to satisfactory medical screening and/or examination.**SIGNATURE OF APPLICANT:** **DATE:**  |

THE INFORMATION GIVEN ON THIS FORM WILL BE ENTERED ONTO A COMPUTER AND UNDER THE TERMS OF THE DATA PROTECTION ACT WILL BE TREATED IN A SECURE AND CONFIDENTIAL MANNER. FURTHER INFORMATION ON HOW YOUR INFORMATION IS USED CAN BE FOUND AT [**www.queenscourt.org.uk**](http://www.queenscourt.org.uk)

SUCCESSFUL CANDIDATES WILL BE REQUIRED TO PROVIDE ORIGINAL CERTIFCATES FOR ANY QUALIFICATIONS, MEMBERSHIPS AND EMPLOYMENT CHECKS.

**APPLICANT NUMBER:**

**FOR OFFICE USE ONLY**

✂ --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**EQUAL OPPORTUNITY MONITORING FORM**

Queenscourt Hospice is committed to equal opportunity in its employment policy, practices and procedures. To help us to implement and monitor this policy we would appreciate you completing this form.

Completion of this questionnaire will not form any part of the selection process. The form will be separated from your application form on receipt and the information will be collated separately and used solely for monitoring purposes.

-------------------------------------------------------------------------------------------------------------------------------------------------------------

**Post applying for:**

**Date:**

**Sex at Birth** (please tick the appropriate box)

Male [ ]  Female [ ]  Prefer not to say [ ]

Is the gender you identify with the same as your sex registered at birth? Yes [ ]  No [ ]

­­­

**Gender Identity** (please tick the appropriate box)

Would you describe yourself as:

Male [ ]  Female [ ]  Non-Binary [ ]  Transgender Male [ ]  Transgender Female [ ]

Transgender Non-Binary [ ]  Gender-Fluid [ ]  Other [ ]  Prefer not to say [ ]

**Disability** (please tick the appropriate box)

Do you consider yourself to have a disability? Yes [ ]  No [ ]  Prefer not to say [ ]

**Religion and Belief** (please tick the appropriate box)

Please tick the box that describes you:

Atheism [ ]  Agnostic [ ]  Buddhism [ ]  Christianity [ ]  Hinduism [ ]

Islam [ ]  Jainism [ ]  Judaism [ ]  Sikh [ ]  Other [ ]

Prefer not to say [ ]

**Ethnic Monitoring** (please tick the appropriate box)

How would you describe yourself?

**White Asian or Asian British Mixed Heritage**

British[ ]  Bangladeshi [ ]  White and African [ ]

English [ ]  Indian [ ]  White and Asian [ ]

Irish [ ]  Pakistani [ ]  White and Black Caribbean [ ]

Scottish [ ]  Any other Asian background [ ]  Any other Mixed background [ ]

Welsh  [ ]

Any other White background [ ]

**Black or Black British Chinese and Other Ethnic Groups** **Prefer not to say** **[ ]**

African [ ]  Chinese [ ]

Caribbean [ ]  Any other Ethnic group [ ]

Any other Black background [ ]

**Sexual Orientation** (please tick the appropriate box)

What is your sexual orientation?

Bisexual [ ]  Gay man [ ]  Gay woman/Lesbian [ ]  Heterosexual [ ]  Asexual [ ]  Pansexual [ ]

Other [ ]  Prefer not to say [ ]

**Age** (please tick the appropriate box)

What age group are you in?

16 - 20 [ ]  21 – 25 [ ]  26 - 30 [ ]  31 - 35 [ ]  36 - 40 [ ]  41 – 45 [ ]  46 - 50 [ ]

51 - 55 [ ]  56 – 60 [ ]  61 - 65 [ ]  66 - 70 [ ]  70+ [ ]  Prefer not to say [ ]

**APPLICANT NUMBER:**

**FOR OFFICE USE ONLY**