

# Application For Employment

St Cuthbert's Hospice  
Park House Road  
Merryoaks  
Durham  
DH1 3QF

Tel: (0191) 386 1170  
General Fax: (0191) 383 1698



Please use black ink, complete the form in full. A CV will not be accepted as a substitute but may be sent in addition.

## Personal Information

Application for the post of:	Location:
Title: <i>Mr / Mrs / Miss / Ms / Dr</i>	Marital Status: <i>Single / Married / Widowed / Civil Partnership / Divorced</i>
Forenames:	National Insurance Number: __ / __ / __ / __ / _
Surname:	
Maiden Name:	
Permanent Address:	Temporary Address:
Contact Details:	
<i>Home:</i>	<i>Mobile:</i>
<i>Email Address:</i>	
If you have a disability, do you require any reasonable adjustments to be made during the recruitment process including interview? <i>Yes / No</i> <i>If Yes please give details?</i>	
Have you worked for St Cuthbert's Hospice before? <i>Yes / No</i> <i>If Yes please give details?</i>	
If your application is successful will you continue to work in any other capacity (including public duties)? <i>Yes / No</i> <i>If yes please give details</i>	Would you need a work permit to work in the United Kingdom? <i>Yes / No</i>

# Monitoring Form

The Hospice is required under current Legislation to collect details about an applicant's age, sex, ethnicity religion and sexual orientation. This information is collected to fulfil that obligation and is used for monitoring purposes only.

## Equality & Diversity

Date of Birth:

\_\_ / \_\_ / \_\_\_\_

Gender:

Male      Female

### Race Regulations (Amendment) Act 2000

I would describe my ethnic origin as follows (please circle):

#### White

British  
Irish  
Any other white background

#### Mixed

White and Black Caribbean  
White and Black African  
White and Asian  
Any other black background

#### Asian or Asian British

Indian  
Pakistani  
Bangladeshi  
Any other Asian background

#### Black or Black British

Caribbean  
African  
Any other black background

#### Other Ethnic Group

Chinese  
Any other ethnic group

I do not wish to disclose my ethnic origin

### Employment Equality Regulations 2003

Do you have a sexual orientation towards (please tick):

Persons of the opposite sex   
Persons of the same sex   
Persons of the same and opposite sex   
I do not wish to disclose my sexual orientation

Please indicate your religious belief (please circle):

Atheism      Buddhism  
Christianity      Hinduism  
Islam      Jainism  
Sikhism      Other

I do not wish to disclose my religious belief

### Disability Discrimination Act 1995 and 2006

Do you consider yourself to have a disability?

Yes / No

If Yes please state the type of impairment which applies to you.

### Rehabilitation of Offenders

Because of the nature of the work, 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 1975 (Exceptions) Amendments Order 1986. Applicants are not therefore entitled to withhold information about convictions which for other purposes are considered spent under the provisions of the Act. Have you any unspent criminal convictions or bindovers, or any cautions or reprimands? (please circle)

Yes / No

If Yes please give details

### CRB Checks

The Hospice is required to undertake a CRB check on all employees. The Hospice complies with the CRB code of practice and the Employment of Ex-offenders Policy which are available upon request.

### Declaration: Please Sign This Section After You Have Completed All Parts of The Form.

I certify to the best of my knowledge that the information given on this form is correct. I understand that deliberately giving false or incomplete information will disqualify me from appointment, or in the event of discovery after appointment, make me liable for dismissal. Canvassing, either directly or indirectly, will disqualify an applicant.

Signed: ..... Date: \_\_ / \_\_ / \_\_\_\_