

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: *Mr / Mrs / Miss / Ms / Dr*

Marital Status: *Single / Married / Widowed /
Civil Partnership / Divorced*

Forenames:

Surname:

National Insurance Number:

Maiden Name:

__ / __ / __ / __ / _

Permanent Address:

Temporary Address:

Contact Details:

Home:

Mobile:

Email Address:

If you have a disability, do you require any reasonable adjustments to be made during the recruitment process including interview?

Yes / No

If Yes please give details?

Have you worked for St Cuthbert's Hospice before?

Yes / No

If Yes please give details?

If your application is successful will you continue to work in any other capacity (including public duties)?

Yes / No

If yes please give details

Would you need a work permit to work in the United Kingdom?

Yes / No

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: __ / __ / ____

Application For Employment



Current or most recent employer Employers Name, Address and Nature of Business:

Job Title:

Salary and Other Benefits:

Reason for Leaving:

Date Commenced: __ / __ / ____

Date Left: __ / __ / ____

Outline of Duties:

Previous Employment: Please start with most recent employment

From/To Month/Year	Employer's Name. Location and Nature of Business	Your Job Outline Duties and Reason for Leaving

(please continue on separate sheet if necessary)

Education & Training: Please give details of education and qualifications obtained from Secondary School, College, University etc.

Dates	Place of Study	Qualifications obtained (grade and subject)

(please continue on separate sheet if necessary)

Other Training: Please give details of any relevant Training/staff development courses attended.

Dates	Place of Study	Qualifications obtained (grade and Subject)

Membership of Professional Bodies / Professional Qualifications

Dates	Place of Study	Qualifications obtained (Grade and Subject) Including PIN & expiry date if applicable

Additional Information:

Please use this section to give information regarding the skills, knowledge and experience you could bring to this post together with your reason for applying.

Do you have a car available for every day use?

Yes / No

Do you hold a current driving licence?

Yes / No

Where did you see the vacancy advertised?

References:

All appointments are subject to receipt of satisfactory references. Please provide names and addresses of two referees, one of whom should be your current or most recent employer, who would be able to comment on your ability at work, and one of whom should have known you for at least two years and can be asked for information about you (not relatives or GP's).

Employer

Name:.....

Title:.....

Address:.....

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.....

.....

Telephone Number:.....

May we contact prior to interview? Yes / No

Personal

Name:

Title:.....

Address:.....

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.....

.....

.....

Telephone Number:.....

May we contact prior to interview? Yes / No

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Signed: Date: __ / __ / ____