****

**EQUAL OPPORTUNITIES MONITORING AND INFORMATION FORM - PART A**

***For Office Use Only***

|  |
| --- |
| ***Applicant Reference*** |
|  |

**Please complete this form in black type or black ink**

|  |  |
| --- | --- |
| **Post Reference Number** | **Post Title** |
|  |  |

|  |
| --- |
| **EQUAL OPPORTUNITIES AND DIVERSITY** |
| St Cuthbert’s Hospice recognises the benefits of having a diverse workforce and welcomes applicants from all sections of the community. Staff are selected on merit only. Therefore all applicants will be afforded equal opportunities in employment irrespective of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, ethnic origin, religion/faith, sex or sexual orientation, colour, membership or non-membership of a trade union. Under the provisions of the Equality Act 2010, we are required to demonstrate our recruitment processes are fair. The information collected is treated in the strictest confidence and used for monitoring purposes to ensure we are complying with this Act. This section of the application form will be detached from your application and will not be made available to the short-listing or interview panel. The information you provide on this form will be held in accordance with the Data Protection Act 1998. |

|  |  |
| --- | --- |
| **PERSONAL DETAILS** | |
| Title:   |  |  |  |  | | --- | --- | --- | --- | | Mr  Dr  Ms |  | Mrs  Miss  Other |  | |  |  |  |  | | UK National Insurance Number:  Former name: |
| Surname/Family Name: | Address:  Postcode: |
| First Name(s): |
| Daytime Telephone: |
| Evening Telephone: |
| Mobile Number: |
| Email Address: |

|  |  |
| --- | --- |
| **AGE** | **SEX** |
| *Please state your date of birth* | *Please tick the box that best describes you* Male  Female  Prefer not to say  *Prefer to self-describe:* |

|  |
| --- |
| **GENDER IDENTITY** |
| Do you identify as Trans Gender? Yes  No  Prefer not to say Prefer to self-describe: |

|  |
| --- |
| **SEXUAL ORIENTATION** |
| *Please tick the box that best describes your sexual orientation*  Heterosexual  Bisexual  Gay  Lesbian  Prefer not to say |

|  |
| --- |
| **PREGNANCY AND MATERNITY** |
| Have you had a baby in the last 12 months? Yes  No  Are you pregnant? Yes  No |

|  |
| --- |
| **MARRIAGE AND CIVIL PARTNERSHIP** |
| *Please tick one box*   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Single |  | Married |  | Civil Partnership |  | Separated |  | | Divorced |  | Widowed |  | Prefer not to say |  |  |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RELIGION/FAITH**  *Please mark the box which best describes your religion/faith* | | | | | |
| **I would describe my religion/faith as follows:** | | | | | |
| Baha’i |  | Jewish |  | No religion |  |
| Buddhist |  | Muslim |  | Not stated |  |
| Christian |  | Sikh |  |  |  |
| Hindu |  | Other |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ETHNIC ORIGIN**  *Ethnic origin questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic group.* | | | | | |
| **I would describe my ethnic origin as follows:** | | | | | |
| **White** |  | **Mixed Race** |  | **Asian/Asian British** |  |
| British |  | White & Black |  | Indian |  |
| Irish |  | White & Black African |  | Pakistani |  |
| Other White |  | White & Asian |  | Bangladeshi |  |
|  |  | White & Caribbean |  | Other Asian |  |
|  |  | Other Mixed |  |  |  |
| **Black/Black British** |  | **Other Ethnic Groups** |  |  |  |
| Caribbean |  | Chinese |  | Not stated |  |
| African |  | Any other group |  |  |  |
| Other Black |  |  |  |  |  |

|  |
| --- |
| **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 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. |

|  |
| --- |
| **DISABILITY** |
| The Equality Act 2010 protects disabled people – including those with long term health conditions, learning disabilities and so called “hidden” disabilities such as dyslexia. If you tell us that you have a disability we can make reasonable adjustment to ensure that any selection processes – including the interview – are fair and equitable.    Do you consider yourself to have a disability? Yes  No  Prefer not to say   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Mental Health Condition |  | Learning Disability/Difficulty |  | Physical |  | | Sensory impairment |  | Long standing illness |  | Other |  | |

|  |
| --- |
| **REASONABLE ADJUSTMENTS** |
| If you consider yourself to have a disability, do you require any reasonable adjustments to enable you to fully participate in the selection process? Yes  No  If yes, please give details: |

|  |
| --- |
| **REHABILITATION OF OFFENDERS ACT** |
| St Cuthbert’s Hospice welcomes applications from ex-offenders as part of our commitment to equality and diversity. It is the organisation’s policy to judge ex-offenders on their ability to do the job and will give them equal opportunity alongside non-offender applicants provided that their record is not related to the job on offer and would not pose any risk to themselves, the organisation and its stakeholders or reputation. We ask applicants to give details of any unspent convictions under the Rehabilitation of Offenders Act 1974.  The information that you provide will be treated as strictly confidential and will only be considered in relation to the job for which you are applying.  Do you have any unspent convictions under the Rehabilitation of Offenders Act 1974?  Yes No  ***If yes, please describe the nature of the offence:***  .......................................................................................................................................................  .......................................................................................................................................................  If the job description for the post you are applying for states that the post is exempt from the Rehabilitation of Offenders Act 1974, you should also disclose details of any spent convictions. .......................................................................................................................................................  If you are applying for a role which involves working with children or vulnerable adults, any job offer you receive will be subject to a Disclosure and Barring Service Check. |

|  |
| --- |
| **DISCLOSURE AND BARRING SERVICE (DBS)** |
| Some posts within the Hospice are subject to Disclosure Checks through the DBS, under the Police Act (section 5) and as a requirement of the Care Quality Commission. If you are offered a position with the Hospice, you will be required to provide original documentary evidence for proof of identity purposes. |

|  |
| --- |
| **RECRUITMENT ADVERTISING MONITORING** |
| *Where did you see this vacancy advertised?*   |  |  | | --- | --- | | NHS Website  National Newspaper  Local Newspaper  Sector One  Internet  Indeed  Hospice Website | Professional Journal  Job Centre  LinkedIn  Hospice Happenings  Charity Shop  College/ University  Word of mouth | | Other (please specify) …………............................................................ | | |

Details entered in this part of the form will be held in the HR Department and will be made available to the short-listing panel. Please complete in black type or black ink.

**APPLICATION FOR EMPLOYMENT - PART B**

|  |  |  |
| --- | --- | --- |
| **Post Reference Number** | **Post Title** | **Applicant Reference (*Office use only)*** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **EDUCATION & PROFESSIONAL QUALIFICATIONS**  Include in this section all the relevant qualifications. Please also include subjects currently being studied. All qualifications disclosed will be subject to a satisfactory check. | | | |
| **Subject/Qualification** | **Place of Study** | **Grade/Result** | **Year** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TRAINING COURSES**  Include in this section any relevant training courses that you have attended or details of courses that you are currently undertaking. | | | |
| **Course Title** | **Training Provider** | **Duration** | **Date Completed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **TRAVEL** | |
| Are you able to travel independently?  □ Yes □ No | Do you hold a current driving licence?  □ Yes □ No |

If Professional Membership or Registration is not required for this post then go to **EMPLOYMENT HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **MEMBERSHIP OF PROFESSIONAL BODIES**  Include in this section details of any relevant professional registrations or memberships. | | | |
| **Professional Body** | **Membership Type** | **Membership Number** | **Expiry/Renewal Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 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? □ Yes □ No | | | |
| 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? □ Yes □ No | | | |
| If applicable, please provide details of any conditions/restrictions you may have | | | |

|  |  |
| --- | --- |
| **EMPLOYMENT HISTORY**  Please record below the details of your current or most recent employer | |
| Employer’s Name and Address: | Job Title:  Present Pay Grade: .......... Salary: ............  Length of Notice Required: ........................ |
| Date Commenced: | Date Left: |
| Please state reason for leaving: | |
| Please provide a description of your duties and responsibilities | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PREVIOUS EMPLOYMENT**  Please provide below details of your previous employment, beginning with the most recent first. If required, please provide additional information regarding your employment history within the “Supporting Information” section | | | | |
| **Employer’s Name and Address** | **Position Held** | **From**  **(mth/yr)** | **To**  **(mth/yr)** | **Description of Duties and Reason for Leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **If you have any gaps in your employment history, please state below.** |
|  |

|  |
| --- |
| **If your application is successful, and you will continue to work in any other capacity (including public duties), please provide details below.** |
|  |
| **SUPPORTING INFORMATION**  Please give your reasons for applying for this post and any additional information which demonstrates how you match the requirements of the post detailed in the job description and person specification. This may include any relevant skills, knowledge, experience, voluntary activities, training etc. |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Post reference number: |  | Applicant reference *(office use only)*: | |  |
| All appointments are subject to the receipt of satisfactory references from two professional referees. These should include your two most recent employers, your line manager or someone in a position of responsibility who can comment on your work experience, competency and personal qualities. If you are unable to provide referees from previous employment or education, please contact the HR Department for further advice. | | | | |
| **Referee 1**  Name: ......................................................  Job Title: ..................................................  Relationship to you: ..................................  Work Address: ..................................................................  ...................................................................  Telephone Number: ..................................  Email Address: .................................................  May we contact prior to interview? □Yes □No | | | **Referee 2**  Name: ......................................................  Job Title: ..................................................  Relationship to you: ..................................  Work Address: ..................................................................  ...................................................................  Telephone Number: ..................................  Email Address: .................................................  May we contact prior to interview? □Yes □No | |
| **DECLARATION** | | | | |
| I declare the information given in Parts A, B and C of this Application for Employment form are accurate and true. I understand providing misleading or false information will disqualify me from appointment or, if appointed, may result in my subsequent dismissal.  I understand an appointment, if offered, will be subject to satisfactory medical clearance, references, registration (if appropriate), compliance with the Asylum and Nationality Act 2006 and, if required, a Disclosure and Barring Service check.  The information provided by me may be held on computer and therefore falls within the provision of the Data Protection Act 1998. I understand all data for employment purposes will be processed according to this Act. Where applicable, I consent to the organisation seeking clarification regarding professional registration details.  I agree to the above declaration.  Signature: ...................................................................................... Date: .............................................  Please type your initial and surname above if you are returning the form electronically, or sign if you are returning by post. | | | | |

**REFERENCES - PART C**

**Please return completed forms to:**

Human Resources Department, St Cuthbert’s Hospice,

Park House Road, Durham, DH1 3QF or email to [recruitment@stcuthbertshospice.com](mailto:recruitment@stcuthbertshospice.com)

Tel: 0191 386 1170.