

APPLICATION FOR EMPLOYMENT TO THE HOSPICE BANK

Please complete **all sections** in your own handwriting using black ink. **CVs may be attached in support of the application but will not be considered as a replacement for a fully completed application form.**

It is the Hospice's policy to employ the best qualified personnel and provide equal opportunities for the advancement of employees including promotion and training, and not to discriminate against any person because of race, colour, national origin, sexual orientation, marital status or disability.

Position Applied for: (please delete as appropriate)

Bank Staff Nurse (RGN) / Bank Nursing/Healthcare Assistant

Which of the Hospice's Sites would you like to work in:
(you can choose more than one)

Shrewsbury / Telford / Newtown

Which of the Hospice's Services do you wish to be on Bank for:
(you can choose more than one)

Wards / Day Hospice(s)
Hospice at Home

Do you prefer to work:

Days / Nights / Both

PERSONAL DETAILS

Surname: _____

Title: (Mr/Ms/Mrs/Miss/Other) _____

Forenames: _____

Address: _____

Postcode: _____ Telephone (Home): _____ Mobile: _____

E-mail address: _____

EDUCATION AND TRAINING DETAILS

Secondary School/Further Education

Date From

Date To

Grades/Qualifications Achieved

<u>Secondary School/Further Education</u>	<u>Date From</u>	<u>Date To</u>	<u>Grades/Qualifications Achieved</u>

FOR REGISTERED NURSES:

Do you have an up-to-date PIN registration with the Nursing and Midwifery Council in Adult Nursing?

Yes No If yes: PIN _____ Expiry Date: _____

FOR NURSING/HEALTHCARE ASSISTANTS

Do you have a NVQ Level 2/3 in Health and Social Care Yes No

If so, to which level: _____

Please give details of additional training and qualifications (with dates where possible) including membership of professional bodies. (Continue on a separate sheet if necessary)

CURRENT EMPLOYMENT

Are you currently employed: Yes No

If yes please complete below if no please go to next section

Name and Address of Employer: _____

Current Post Held: _____ Date Joined: _____

Current Hours worked per week: _____ Over how many days? _____

Current Hourly Rate of Pay: _____

Details of Duties and Responsibilities: _____

Reason for wishing to join the Hospice bank _____

PREVIOUS EMPLOYMENT

Please give details of your employment for the last 10 years. Please also state your salary / hourly rate and NHS Band (if applicable). Please continue on a separate sheet if necessary.

Dates		Employer's Name and Nature of Business	Job Title and Summary of Key Responsibilities	Final Salary / Hourly rate	Reason for Leaving
From	To				

REHABILITATION OF OFFENDERS ACT 1974

The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 provides that all convictions and offences of whatever nature (including motor offences) and whenever they were committed must be revealed when applying for employment at the Hospice.

Do you have any such convictions? YES / NO

If yes, please list **ALL** such convictions (including current driving endorsements) on a separate sheet of paper which should be attached to this application form.

Are you currently being investigated by the Police or any other Regulatory Body? YES / NO

If yes, please give details on a separate sheet of paper which should be attached to this application form.

A Criminal Records Bureau (CRB) Disclosure to an Enhanced level will be requested in the event of an individual being offered a post.

OTHER DETAILS

Do you hold a full valid UK driving licence?

YES / NO

Do you need a work permit for employment in the UK?

YES / NO

In order to comply with the Asylum and Immigration Act 1996, any offer of employment will be subject to provision of documentation showing your entitlement to work in the UK (e.g. National Insurance Number).

Are you related to anyone employed by the Hospice? If so, who? _____

How did you hear of this vacancy? _____

Hobbies and Interests

Please give details

Do you speak a foreign language? YES / NO

Please give details and degree of fluency

ADDITIONAL INFORMATION

Please use this space to explain what qualities you feel you could offer to the position and how you meet the requirements of the job. Outline aspects of your experience and give details of any particular achievements or distinctions which you consider relevant to this application. Please continue on a separate sheet if necessary.

HEALTH

Are you aware of any reasonable adjustments to the workplace that will be necessary if you were to attend for interview and/or recruitment assessment centre? YES / NO

If yes, please give details

Are you aware of any medical condition which may affect your ability to undertake functions integral to the post safely and without risk to your health? YES / NO

If yes, please give details

Are you likely to require adjustment to the premises or working arrangements to be made on account of a disability of any kind? YES / NO

If yes, please give details

The Hospice will consider making such adjustments as are reasonable in compliance with the Disability Discrimination Act 1995.

Note: A formal offer of employment cannot be made until a satisfactory medical report is received from the Occupational Health Department of the Primary Care Trust who act as the Hospice's agents in this respect.

REFERENCES

Please give below the names and addresses of **two** persons (not members of your family) who can be contacted and asked for a reference. **One should be your present or latest employer.**

Note: Two satisfactory written references must be received before a formal offer of employment can be made.

<u>1st Referee</u>	<u>2nd Referee</u>
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone Number: _____	Phone Number: _____
E-mail: _____	E-mail: _____
Relationship: _____	Relationship: _____

DECLARATION

I confirm that the details I have provided on this form are correct to the best of my knowledge and I understand that any contract of employment will be jeopardised if I have misrepresented or omitted any relevant information. I understand that a CRB Disclosure will be sought in the event of a successful application. I understand that information divulged in application forms for employment will be kept on files (both manual and computer) for recruitment, monitoring and employment purposes. Information will be stored securely in line with the Data Protection Act 1998 and the CRB Code of Practice.

Signed: _____

Date: _____

Please now return to: PA to Nursing Director, Severn Hospice, Bicton Heath, Shrewsbury, SY3 8HS