

St Nicholas Hospice Care

Application Form

* To be completed:
  + Application Form
  + Supporting Statement
  + Application Declaration
  + Disability Requirements
* Optional:
  + Equal Opportunities

**Guidance Notes**

**Please read carefully before starting to complete your application pack**

* Read through the whole of the Application Pack at least once before you start to complete it.

Answer all questions to the best of your ability. Please put ‘N/A’ (Not Applicable) when relevant instead of leaving a blank space, showing that you have not forgotten to answer a question.

* Please use the job description and person specification where provided to assist with your application. We score all submitted applications based on these documents.
* If you need to use any continuation sheets, please make sure you note your name and the role applied for on each sheet submitted. Continuation sheets will form part of your application.
* Please do not staple a copy of your CV to the form, or put “see CV” in an answer space. You may, however, include a current CV if you think it includes extra information that may be relevant to your application.
* Decisions about who will be selected for interview will be based on the information in your application form, so please be honest. You may be asked to provide original certificates at a later stage.
* You may find it useful to photocopy your application so that you can refresh your memory when you are invited to attend an interview.
* Please do not ask a senior member of the Hospice to help you get a job, or try to influence them or ask anyone else to do this for you.

# We look forward to receiving your application



**Please return to:**

HR Department

St Nicholas Hospice Care

Hardwick Lane

Bury St Edmunds

Suffolk IP33 2QY

#### CONFIDENTIAL APPLICATION FORM

**Post Applied For:**

**PERSONAL DETAILS**

**Title (Mr Mrs Miss Ms Dr Other): Surname:**

**Forenames: Known as:**

**Address: National Insurance Number:**

**Postcode:**

**Home Telephone: Mobile Telephone:**

**Email Address:**

**Work Telephone:** May we call you at work Yes No

**REFERENCES**

Please give the name of two people who are able to provide references relating to your work experience and your suitability for the post applied for. **Referee 1 must be your current or most recent line manager or HR department**. You should not include close relatives.

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| --- | --- |
| **1** | **2** |
| **Name:**  **Position:**  **Relationship to applicant:**  **Company Name:**  **Address:**  **Post code:**  **Telephone:**  **Email:**  **Can we approach before interview?** Yes  No | **Name:**  **Position:**  **Relationship to applicant:**  **Company Name:**  **Address:**  **Post code:**  **Telephone:**  **Email:**  **Can we approach before interview?** Yes  No |

**PLEASE NOTE THAT ANY OFFER OF EMPLOYMENT IS SUBJECT TO THE RECEIPT OF SATISFACTORY REFERENCES.**

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| **EDUCATION AND TRAINING** | | | | | | | | | | | | | | | | | | |
| **SECONDARY EDUCATION** | | | | | | | | | | | | | | | | | | |
| **Dates**  **(Month/Year)**  **From To** | | | **Name of School and Location** | | | | | | | | | | **Examinations, Subjects, Grade and date obtained** | | | | | |
|  | | |  | | | | | | | | | |  | | | | | |
| **FURTHER EDUCATION AND TRAINING** | | | | | | | | | | | | | | | | | | |
| **Dates**  **(Month/Year)**  **From To** | | | **University/College name** | | | | | | | | | | | **Subject Qualification, Grade/Class, date obtained** | | | | |
|  | | |  | | | | | | | | | | |  | | | | |
| **PROFESSIONAL/VOCATIONAL QUALIFICATIONS** | | | | | | | | | | | | | | | | | | |
| **Dates**  **(Month/Year)**  **From To** | | **College/Institute or other body** | | | | | | | | | | **Subject and Qualification/level** | | | | | **Full time or Part time** | |
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| **CURRENT STUDIES** | | | | | | | | | | | | | | | | | | |
| **Brief Description**  **When will the course be completed? Is the course full or part time?** | | | | | | | | | | | | | | | | | | |
| **OTHER TRAINING COURSES ATTENDED (including short courses/work place training)** | | | | | | | | | | | | | | | | | | |
| **Dates Attended/**  **Duration** | | | | **Course Title** | | | | | | | **Organising Body** | | | | | | | |
|  | | | |  | | | | | | |  | | | | | | | |
| **MEMBERSHIP OF PROFESSIONAL OR STATUTORY BODY**  **Details:**  **Registration No:**  **First Registration Date: Renewal Date:**  **Doctors: please provide the name of your current or last Responsible Officer** | | | | | | | | | | | | | | | | | | |
| **CURRENT OR MOST RECENT EMPLOYMENT** | | | | | | | | | | | | | | | | | | |
| **Name and Address of Employer:**  **Website:** | | | | | | | | | | **Position Held:** | | | | | | | | |
| **Nature of business:** | | | | | | | | |
| **Date Started:** | | | | | **Working Hours:** | | **Salary:** | | | **Reason for wishing to leave/leaving:** | | | | | | | | |
| **Date Left (if most recent post):** | | | | | | | | | **Period of Notice (if current post):** | | | | | | | | | |
| **Please summarise your current responsibilities, including staff management and budgets:** | | | | | | | | | | | | | | | | | | |
| **PREVIOUS EMPLOYMENT (in date order, most recent first)** | | | | | | | | | | | | | | | | | | |
| **From**  **Month/Year** | **To**  **Month/Year** | | | | | **Employer's name and**  **nature of business** | | Position Held | | | | | | | **Hours** | **Reason for Leaving** | | **Salary** |
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| **COMMUNITY/VOLUNTEER EXPERIENCE** | | | | |
| **From**  **Month/Year** | **To**  **Month/Year** | **Organisation name and**  **nature of business** | Position Held | **Duties/previously paid** |
|  |  |  |  |  |

**Relevant Skills & Experience - Supporting Statement**

Please set out briefly how your expertise and experience match the requirements for this post, using the job description and person specification to assist you. To make your application stand out, take a little time to think about why you are applying and what you can bring to the post. Think about unpaid/voluntary work you may have done: this can be just as valuable as paid work. Please give examples of when you have used specific skills and experience. Do not just provide a list.

**NAME: DATE:**

**POSITION APPLIED FOR:**

**Additional Information**

**Do you have the right to work in the UK? Yes □ No □**

**Further comment**

**If offered this post would you continue to work in any other capacity? (Give details)**

**Transport**

Current driving licence? Yes  No  Number of points on your licence?

Use of a car? Yes  No  Willing to use for business purposes? Yes  No

**Have you ever been the subject of, or connected with a disciplinary investigation with your current or previous employer?**

**Yes  No**

If yes please give details including outcome(s):

|  |
| --- |
| **REQUIREMENTS UNDER THE REHABILITATION OF OFFENDERS ACT 1974**  Because of the nature of the work for which you are applying this post may be exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. **Applicants therefore may not withhold information about convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance, and, in the event of employment, failure to disclose when asked any convictions, cautions, reprimands or final warnings that are not “protected” under the provisions of the Act (as amended in 2013) could result in disciplinary action or dismissal by the Hospice.**  St Nicholas Hospice Care uses the Disclosure & Barring Service (DBS) to help assess the suitability of applicants. The appointment to this Hospice post will be made subject to a disclosure check, and barred lists checks where applicable. If you are shortlisted for interview you will be asked to complete a self-declaration form, providing details of any previous, current or pending convictions. Disclosure will not necessarily bar you from employment by St Nicholas Hospice Care. This will depend on the circumstances and background of your offences, and also relevance to the post. |

# Application Form Declaration

**It is vitally important that the information provided in this form is true and that you declare all material matters relevant to the application. If these requirements are not followed this would constitute grounds for dismissal.**

I understand that, in the event of being offered a position following interview, I will be required to complete a confidential declaration in respect of my state of health.

Because of the sensitive nature of the duties the post holder will be expected to undertake, I also understand that the declaration will include details of any “unprotected” criminal convictions, cautions, reprimands and final warnings *and any other information that may have a bearing on my suitability for the post.*

I understand too that a Disclosure & Barring Check may be sought in the event of a successful application, and that further information is available by contacting the HR Department.

I declare that the information given in this form and in any accompanying documentation is true to the best of my knowledge and belief and give my permission for enquiries to be made to confirm qualifications, experience, dates of employment, right to work in the UK and for the release by other people or organisations of necessary information to verify the content. I understand my application may be rejected and/or I may be dismissed following appointment if I have given any false or misleading information or have withheld any relevant details.

# Signed: ........……………………………….........……

# Print name: ....................................................................

# Dated: ..........…………………………………………

# Position applied for: ..........…………………………………………

St. Nicholas Hospice Care will collect, store and use the information provided by you on this Application Form for recruitment and selection purposes. You have the right to ask to see this data if you wish (you are informed of this right in accordance with the requirements of current Data Protection Legislation).

**Disability Requirements & Equal Opportunities**

**It is important that this section is completed if you have a disability so that we can provide assistance to help you with your application and future employment as necessary and as applicable:**

*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 adjustments to ensure that any selection processes - including the interview - are fair and equitable.*

Do you consider yourself to have any disabilities which may affect your application?

Yes  No

Please describe such disabilities below, providing details of:-

(a) Any reasonable adjustments which you feel should be made to the recruitment process to assist you in your application for the job.

(b) Any reasonable adjustments which you feel should be made to the job itself which would enable you to carry out the job.

St Nicholas Hospice Care is committed to providing equality of opportunity to all applicants.

To ensure that our equal opportunities policies are operating effectively, we routinely monitor those who apply to us for employment. To do this, the Hospice would be grateful if you would answer the following questions (if you choose not to answer these questions your application will not be affected). Thank you for your help.

You can return this part in a sealed envelope, marked Equal Opportunities*.*

This information will not be passed to those making short-listing or selection decisions.

Please tick appropriate box, leaving blank questions you do not wish to answer:

**Gender:** Male  Female

**How would you describe your ethnic origin?**

**White** **Mixed Background** **Asian / Asian British**

1) British  4) Asian & White  8) Bangladeshi

2) Irish  5) Black African & White  9) Indian

3) Other  6) Black Caribbean & White  10) Pakistani

7) Other

**Black / Black British** **Chinese / Chinese British**

12) African  15) Chinese / Chinese British

13) Caribbean  16) Other

14) Other

**What is your age?**

25 years or under  26-35 years  36-45 years

46-55 years  56 years and over

**How would you describe your sexual orientation?**

Heterosexual  Homosexual  Bisexual

**Religion?**

Buddhist  Christian  Hindu  Islam  Jewish

Sikh  Rastafarian  None

Other Religion  (please specify)

**Feedback about the Application Process**

**The HR Department would be grateful if you would take the time to complete this short questionnaire. The information will be used to evaluate and improve upon standards.**

**This information will not be passed to those making short-listing or selection decisions.**

# What is the position you have applied for?

How did you find out about this vacancy?

e.g.: Bury Free Press, local newspaper, recruitment sheet etc.

Please tick the appropriate box and provide comments on how the process might be improved

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|  | How did you find each element? | | | | **How could this be improved** |
| **Poor** | **Fair** | **Good** | **Very Good** |
| **Job Advert** |  |  |  |  |  |
| **Process to request Application Pack** |  |  |  |  |  |
| **Job Information** |  |  |  |  |  |
| **Application Form** |  |  |  |  |  |

Please use the space provided below for any other comments or suggestions you have.