### Application Form for Employment



Please complete in block capitals or type in black ink.

Applications should be returned to the person, and by the deadline, shown in the advertisement.

Position applied for:				
Job Ref:	Full/part time,	/bank:		
Dr/Mr/Mrs/Miss/Ms:	Forenames:		Surname:	
Address:				
			Postcode:	
Tel. number (work):				
Tel. number (home):				
Email address:				

Nationality:		Male/Female			
Country of birth:		National Insurance Number:			
Do you need a work permit to work in this country?					
Do you have a disability which may be relevant to your application for the post?					
If so please provide details:					
How did you learn about this vacancy, if applicable please give details of the website/publication?					

### Education

Secondary school	Dates attended	Qualifications gained	Date obtained	
Further Education	Dates attached	Qualifications gained	Date obtained	
Professional qualifications (state qualifications held with dates and membership of professional bodies with registration number if applicable). P.I.N. NUMBER (if appropriate)				

### Present or Most Recent Employment

Name and address of employer:		
Job title:		
Full or part time:		
Duties:		
Telephone number:		
Date of commencement:	Date of te	ermination:
Latest/final salary:		
Reason for leaving:		
Notice required to terminate:		

## Previous Employment most recent first (continue on additional page if

necessary)

Employer	Job title	Dates	Salary	Reason for leaving

### Additional Information

Please use this section to say why you are applying for the post and give any additional information in support of your application. It is important that you use this opportunity to relate your knowledge, skills and experience to the job description of the post for which you are applying. (Continue on a separate sheet if necessary).

Give details of any relationship to any member of staff or management at the Hospice. Canvassing will disqualify

### Referees

Give the name of two employer referees, at least one of whom should be your recent or present employer. Name: Name: Address: Address: Postcode: Postcode: Tel. no: Tel. no: (state home or office) (state home or office) Work email: Work email: **Occupation/capacity** Occupation/capacity in which referee in which referee knows you knows you: Length of time known: Length of time known: Permission to contact (i) if shortlisted Permission to contact (i) if shortlisted (ii) only after interview (ii) only after interview (delete): (delete):

#### DATA PROTECTION ACT

Great care will be exercised to preserve the confidentiality of applicants to meet the requirements of the Data Protection Act. No information is revealed to any other organisation. As part of your terms and conditions of employment, you give the company permission to collect, retain and process information about you, such as age, sex and ethnic origin. This information will only be used so that we can monitor our compliance with the law and best practice in terms of equal opportunity and non-discrimination. Should your personal circumstances change, you should notify the HR department immediately.

#### **CRIMINAL INVESTIGATIONS AND FITNESS TO PRACTICE**

#### It is vitally important that you read, understand and answer questions in this section

Saint Francis Hospice is required under the terms of its registration with the Care Quality Commission prior to making an unconditional offer of employment, to obtain a declaration from a successful applicant as to whether he/she:

- Is currently the subject of any police investigation and/or prosecution, in the UK or any other country.
- Has ever been convicted of any criminal offence required by law to be disclosed, received a police caution in the UK. or a criminal conviction in any other country.
- Is currently the subject of any investigation or proceedings by any body having regulatory functions in relation to health/social care professionals including such a regulatory body in another country.
- Has ever been disqualified from the practice of a profession or required to practice it subject to specified limitations following a fitness to practice investigation by a regulatory body in the UK or another country.

This information will be treated in confidence and will not debar you from appointment unless the selection panel considers that it renders you unsuitable for appointment. In reaching such a decision we will consider the nature of the conviction/action, how long ago it took place and any other factors which may be relevant.

Making this declaration is in addition to the procedures you have been or will be asked to follow for police checks by the Criminal Records Bureau.

Failure to disclose a criminal offence, having been bound over or cautioned or that you are currently the subject of criminal proceedings which might lead to a conviction, an order binding you over or a caution, or fitness to practice proceedings undertaken or being undertaken by an appropriate licensing or regulatory body, may disqualify you from appointment. or result in summary dismissal/disciplinary action and referral to an appropriate professional body for consideration if such a discrepancy came to light.

If you would like to discuss what effect any previous convictions, police investigations or fitness to practice proceedings taken or being taken either in the UK or by an overseas licensing or regulatory body might have on your application you may telephone, the HR Manager at the hospice on 01708-753319 in confidence for advice.

# Have you been convicted of a criminal offence, been bound over or cautioned or are you currently the subject of any police investigations, which might lead to a conviction, an order binding you over, or a caution in the UK or any other country? Please circle as appropriate.

#### YES NO

Note: Applicants for posts in the hospice are exempt from the Rehabilitation of Offenders Act 1974. You are required to declare prosecutions or convictions, including those considered "spent" under this Act.

If **YES.** please provide details of the criminal offence, order binding you over or caution or details of any current proceedings which might lead to a conviction, an order binding you over or a caution, including approximate date, the offence, and the authority and country which dealt with the offence. This should be placed in a separate envelope addressed to the Head of HR. Please mark the envelope "CONFIDENTIAL".

### Have you been (or are you aware that you are currently) subject to any fitness to practice proceedings by an appropriate licensing or regulatory body in the UK or any other country? Please circle as appropriate.

#### YES NO

If **YES**, please provide details of the nature of proceedings undertaken, or contemplated, including approximate date of proceedings, country where proceedings were undertaken and the name and address of the licensing or regulatory body concerned. This should be placed in a separate envelope addressed to the Head of HR. Please mark the envelope "CONFIDENTIAL".

I hereby declare that the information given here is true and understand that any false, misleading or incomplete answer will constitute a ground for terminating any contract of employment which may be offered to me.

Signed:

Date:

Name (please print)

You are reminded that if you are appointed, you will have a continuing responsibility to inform your employer(s) and, where appropriate, the Postgraduate Dean, of any new criminal convictions, police investigations or fitness to practice proceedings that arise in the future.

Company limited by guarantee Registered in England No. 1367828 Registered Charity No. 275913 The Hall, Havering-atte-Bower Romford, Essex. RM4 1QH

Telephone: 01708 753319 Email: hrassistant@sfh.org.uk Web: www.sfh.org.uk