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| Job details | | | | | | | | | | | | | | | | |
| Post applied for | | | | |  | | | | | | | | | | | |
| Closing date for application | | | | |  | | | | | | | | | | | |
| If the post is full-time, would you be prepared to consider working on a job-share basis? | | | | | Yes  No | | | | | | | | | | | |
| Earliest start date if appointed | | | | |  | | | | | | | | | | | |
| Personal details | | | | | | | | | | | | | | | | |
| Surname | | | | |  | | | | | | | | | | | |
| First name | | | | |  | | | | | | | | | | | |
| Preferred name/known by | | | | |  | | | | | | | | | | | |
| Title | | | | |  | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | |
| Postcode | | | | |  | | | | | | | | | | | |
| Email address | | | | |  | | | | | | | | | | | |
| National Insurance number | | | | |  | | | | | | | | | | | |
| Daytime telephone number | | | | |  | | | | | | | | | | | |
| Home telephone number | | | | |  | | | | | | | | | | | |
| Mobile telephone number | | | | |  | | | | | | | | | | | |
| Additional personal details | | | | | | | | | | | | | | | | |
| Do you hold a current full driving licence? | | | | | | | Yes  No | | | | | | | | | |
| Do you have use of a car? | | | | | | | Yes  No | | | | | | | | | |
| Education & qualifications | | | | | | | | | | | | | | | | |
| GCSE or equivalent | | | | | | | Pass marks | | | | | | | | Dates | |
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| ‘A’ OR AS level or equivalent / BTEC | | | | | | | Pass marks | | | | | | | | Dates | |
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| **Further Education** | | | | | | | | | | | | | | | | |
| University | |  | | | | | | | | | | Date | | |  | |
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| Degree/Diploma in | |  | | | | | | | | | | Class | | |  | |
|  | |  | | | | | | | | | |  | | |  | |
| Relevant training and non-qualification courses attended | | | | | | | Pass marks | | | | | | | | Dates | |
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| Professional qualifications | | | | | | | | | | | | | | | | |
| State Awarding Body and Registration No/year and level | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | Date | | |  |
|  | | | | | | | | | | | | | Date | | |  |
| Registration No | | | | | | | | | | | | | Renewal Date | | |  |
| Current or most recent employer *(Please give the fraction of full-time where the post is / was part-time)* | | | | | | | | | | | | | | | | |
| Name and address of employer | | |  | | | | | | | | | | | | | |
| Telephone number | | |  | | | | | | | | | | | | | |
| Position held | | |  | | | | | | | | | | | | | |
| From | | | | | | | | To | | | | | | | | |
| Annual salary | | | | | | | |  | | | | | | | | |
| Additional allowances (please specify) | | | | | | | |  | | | | | | | | |
| Are you still employed by this employer? | | | | | | | | | | | Yes  No | | | | | |
| Date and reason for leaving (if applicable) and brief description of duties | | | | | | | | | | | | | | | | |
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| Previous employment *(Posts held in the last 15 years, most recent first. Agency posts must be marked\*)* | | | | | | | | | | | | | | | | |
| Name of employer | Post held | | | | | From | | | To | | | | | Reason for leaving | | |
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| Other history  *(Please ensure that you provide a complete chronological history by listing below any periods not covered above in your employment history, eg travel, unemployment, sabbatical, carer responsibilities etc)* | | | | | | | | | | | | | | | | |
| From | | | | To | | | | | | Reason | | | | | | |
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| Relevant experience & other information | | | | | | | | | | | | | | | | |
| The information you provide in this section is important in assessing your application. You should include details of the following, where they are relevant to the requirements of the post: present and previous employment, other paid or unpaid employment or any other activities outside the workplace. | | | | | | | | | | | | | | | | |
| Supporting statement | | | | | | | | | | | | | | | | |
| Please use this space to state your reasons for applying for the post, relating your skills, experience and personal qualities to the requirements of the job (please refer to the person specification for the post). | | | | | | | | | | | | | | | | |
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| Declaration by applicant | | | | | | |
| *The Working Time Regulations 1998* | | | | | | |
| The Working Time Regulations were introduced on 1st October 1998 and working hours in the UK are now governed by statute. Please detail below any other employment which you intend to continue if successfully appointed to the post or state none | | | | | | |
|  | | | | | | |
| Have you ever applied for a position at  St Wilfrid’s Hospice before? | | | Yes  No | | | |
| Are you related to any member of  St Wilfrid’s Hospice staff or Board of Trustees | | | Yes  No | | | |
| How did you hear about this vacancy? | | | St Wilfrid’s Hospice website  East Sussex Council Website  Indeed  Facebook  Twitter  LinkedIn  Other – Please state | | | |
| *Rehabilitation of Offenders Act 1974* | | | | | | | |
| Depending on which role you are applying for, the post may not be exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. If the advert for the role you are applying for makes it clear that the role requires a **Standard or Enhanced DBS** disclosure then **the role is not exempt**, and you will not be entitled to withhold information about convictions including those which for other purposes are ‘spent’ under the provisions of the Act. Please be aware that in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Hospice. Any information given will be handled in a sensitive manner and will be considered only in relation to an application for positions to which the Order applies.  The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered ‘protected’. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account. Where a role requires a Basic disclosure, then only unspent convictions need be declared and you may answer ‘no’ to the question below if convictions are spent. | | | | | | | |
| Have you ever been cautioned or convicted of a criminal offence? | | | | | Yes  No | | |
| Do you have any unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974? | | | | | Yes  No | | |
| Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020? | | | | | Yes  No | | |
| Are you   * Currently the subject of any police investigation and/or prosecution in the UK or any other country? * Currently the subject of any investigation or proceedings by anybody having regulatory functions in relation to health/social care professionals including such a regulatory body in another country? * Have you ever been disqualified from the practice of a profession or required to practice it subject to specific limitation following a fitness to practice investigation by a regulatory body, in the UK or another country? | | | | | Yes  No | | |
| *If ‘Yes’ to any of the above, please give details below or, if you prefer, attach details in a sealed envelope marked 'strictly confidential'. Failure to disclose, in accordance with the guidance, any information relating to criminal convictions may disqualify your application or result in dismissal without notice.* | | | | | | |
|  | | | | | | |
| *Disclosure and Barring Service (DBS)* | | | | | | |
| The Criminal Justice and Court Services Act 2000 is part of an integrated system for the protection of children and vulnerable adults. It makes provision for recruiters to undertake criminal records checks on those applying to work with children or vulnerable adults. Where applicable, applicants will be required to give their permission for a Disclosure through the Disclosure and Barring Service (DBS). Any information given will be completely confidential. | | | | | | |
| *Asylum and Immigration Act 1996* | | | | | | |
| It is a criminal offence to employ persons whose immigration status prevents them from working in this country. The Act does not affect citizens of the UK, Ireland, European Economic Area and the Commonwealth, provided they have a right of abode in the UK. You will be required to provide evidence prior to appointment of a National Insurance number, passport or other document on the approved list to satisfy St Wilfrid’s Hospice that the asylum and Immigration Act 1996 is being complied with. | | | | | | |
| Do you require a work permit? | | Yes  No | | | | |
| Referees | | | | | | |
| Name, address (including postcode if known) and status/position of two people who can comment on your professional status and/or ability and from whom we can request a reference. One **MUST** be your present or most recent employer. The other must be a previous employer unless you have had no previous employment, in which case, a character reference will be needed or a reference from a School or Higher Educational establishment. | | | | | | |
| **1) Present/most recent employer** | | | | | | |
| Name |  | | | | | |
| Address |  | | | | | |
| Occupation |  | | | | | |
| Telephone number |  | | | Fax number | |  |
| Email address |  | | | | | |
| May we approach them prior to interview?  Yes  No | | | | | | |
| **2) Previous employer** | | | | | | |
| Name |  | | | | | |
| Address |  | | | | | |
| Occupation |  | | | | | |
| Telephone number |  | | | Fax number | |  |
| Email address |  | | | | | |
| May we approach them prior to interview?  Yes  No | | | | | | |

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| Declaration | | | |
| I declare that the information given is true and understand that the hospice reserves the right to seek verification from me of the factual basis for any information provided.  I have no legal restrictions to taking up employment with the Hospice if appointed and I accept that the discovery of any legal restrictions after an appointment has been made will lead to dismissal.  I understand that my appointment, if offered, will be subject to satisfactory references, health clearance, DBS clearance and proof of eligibility to work in the UK. I confirm that all information on this and any other form is correct and understand that false or misleading information may lead to dismissal. | | | |
| Signature |  | Date |  |
| Print name |  | | |
| **DPA logoData Protection Act 2018**  St Wilfrid’s Hospice will only process the information you have provided in this form for the purpose of recruitment and selection and, if you are successful in securing this position, for purposes relating to your employment. Your details will be kept both electronically and in hard copy. We will not disclose this information about you to outside organisations or third parties unless there is a legal requirement to do so, or for the prevention and detection of fraud. | | | |

How to return your form

Please send your completed application form to the postal or email address below:

Recruitment  
HR Department  
St Wilfrid’s Hospice  
1 Broadwater Way  
Eastbourne  
East Sussex  
BN22 9PZ

Email: recruitment@stwhospice.org

If you are returning your application by post, please ensure you use the   
correct postage for the size, weight and thickness of your envelope.

In the interests of economy an acknowledgement will be sent only if you   
supply a stamped addressed envelope. We look forward to receiving   
your application form.

CONFIDENTIAL: DIVERSITY AND EQUALITY MONITORING FORM

St Wilfrid’s Hospice operates an equalities and diversity policy and wants to ensure that all employees are recruited, trained and promoted on the basis of their ability, the requirements of the job and the need to maintain a highly effective and efficient service for patients. To ensure our policy is effective, we ask all candidates to complete the following section so we can monitor the diversity of our recruitment process.

This information will be treated as confidential and will not form part of the selection criteria for the position. However, if you would rather not take part in this monitoring process please tick this box

FULL NAME:

POST APPLIED FOR:

Please indicate by ticking the appropriate category

|  |  |  |  |
| --- | --- | --- | --- |
| Gender | | | |
| Male |  | Female |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Ethnicity | | | |
| White (British) |  | Bangladeshi |  |
| White (Irish) |  | Pakistani |  |
| White (Other) |  | African |  |
| White & Black Caribbean |  | Any other Asian |  |
| White & Black African |  | Any other Black |  |
| White & Asian |  | Any other Mixed |  |
| Indian |  | Other ethnic group |  |
| Caribbean |  | Not stated |  |
| Chinese |  |  |  |

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| --- | --- | --- | --- |
| What is your age group? | | | |
| Under 18 years |  | 51-60 years |  |
| 18-30 years |  | 61-70 years |  |
| 31-40 years |  | Over 70 years |  |
| 41-50 years |  |  |  |

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| --- | --- | --- | --- |
| Disability | | | |
| Physical impairment |  | Mental impairment |  |
| Sensory impairment – hearing / sight |  | None |  |
| If you require any reasonable adjustments or special assistance at interview stage please give details below: | | | |
|  | | | |

**Hospice use only** Interview Y/N Appointed Y/N Closing date: Input by