

IN CONFIDENCE



ST. CATHERINE'S HOSPICE

THE SPECIALIST PALLIATIVE CARE CENTRE

Malthouse Road, Crawley, West Sussex, RH10 6BH
Tel. No. Crawley (01293) 447333 · Fax: (01293) 611977 or 447390
A Company Limited by Guarantee Registered Office: Malthouse Road, Crawley, W. Sussex RH10 6BH
Registered as a Charity No. 281362 and as a Company in England No. 1525404



INVESTOR IN PEOPLE

APPLICATION FORM

PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS

St Catherine's Hospice is committed to equality of opportunity in both employment and service delivery. A policy statement and monitoring form are enclosed with this application form. Managers involved in the shortlisting process will make decisions based solely on the information you provided on this application form.

Application for the post of:	Closing date:
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Forename(s):	Address:
Surname:	
Telephone number(s): Home:	
Alternative number:	

EDUCATION				
School/College/University	Subject	Date attained	Grade	Level

PROFESSIONAL QUALIFICATIONS				
Organisation	Level of Qualification/Membership	Date	By examination (Y/N)	Grade

PROFESSIONAL MEMBERSHIPS			
Membership Body (e.g. NMC, GMC)	Registration type	Registration number	Renewal date

CURRENT OR MOST RECENT EMPLOYMENT

EMPLOYER:

Address:

Job title:

Date appointed:

Salary:

Notice required / date left:

Reason for leaving:

Describe the main duties and responsibilities of your present/most recent post:

Tick box If you are attaching a continuation sheet. Please write your name clearly on extra sheets.**PREVIOUS EMPLOYMENT (most recent first)**

EMPLOYER/ ADDRESS:

Job title:

Brief description of duties:

Dates: From ___ / ___ / ___ To ___ / ___ / ___

Reason for leaving:

EMPLOYER/ ADDRESS:

Job title:

Brief description of duties:

Dates: From ___ / ___ / ___ To ___ / ___ / ___

Reason for leaving:

EMPLOYER/ ADDRESS:

Job title:

Brief description of duties:

Dates: From ___ / ___ / ___ To ___ / ___ / ___

Reason for leaving:

Tick box If you are attaching a continuation sheet. Please write your name clearly on extra sheets.

SUPPORTING STATEMENT

Drawing upon your experience, knowledge, skills and abilities, explain how you fulfill the requirements set out in the person specification. Experience may also have been gained through paid or voluntary work or in the home.

Tick box If you are attaching a continuation sheet. Please write your name clearly on extra sheets.

LEISURE INTERESTS

Please tell us a little about what you enjoy doing when you are not working.

REFERENCES

Please give the name and address of three Referees who can comment on your skills, experience and personality. The Referees must be able to verify your employment history (or college/school where appropriate) over the past 24 months.

Current/most recent employer

Name:
Position:
Tel no:
Address:

Post code:

May we approach this referee prior to the interview? YES / NO

Name:
Position:
Tel no:
Address:

Post code:

May we approach this referee prior to the interview? YES / NO

Name:
Position:
Tel no:
Address:

Post code:

May we approach this referee prior to the interview? YES / NO

HEALTH STATEMENT

Sickness absence may be discussed at interview. Successful candidates will be required to complete a declaration of health form and undergo an occupational health examination.

Please state number of days absent and the number of occasions taken due to sickness over the last two years.

Number of days:

Number of occasions:

The Hospice does not discriminate against applicants with disabilities, please therefore assist us by completing the section below:

Do you consider you have a health problem or disability as defined under the Disability Discrimination Act 1995, which is relevant to your job application? YES / NO.

Please give details, including any adjustments to the workplace or post to enable you to perform in the post:

REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 2(2) of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are, therefore, not entitled to withhold information about convictions including those which for other purposes are "spent" under the provisions of the Act, and 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 completely confidential and will be considered only in relation to an application for positions to which the Order applies, but it is essential that you declare any convictions received in any court of law.

- Are you currently the subject of any police investigation and/or prosecution, in the UK or any other country? YES / NO
- Have you 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? YES / NO

If YES, please give details on a separate sheet.

Tick box If you are attaching a continuation sheet. Please write your name clearly on extra sheets.

ASYLUM AND IMMIGRATION ACT 1996

If successful in your application for this post, you will be required to provide evidence of your entitlement to live and work in this country. Evidence of your National Insurance Number could include a P45, pay slip, P60, NI card or a letter issued by one of the Government bodies. Alternatively, a UK European Union or Republic of Ireland birth certificate or passport showing permission to live and work within the UK.

Are you in a position to provide this evidence? YES / NO

Do you require a work permit to work in this country YES / NO

If you are an overseas national, please give details of visa/permit currently held.

DECLARATION

- Can you confirm that to the best of your knowledge there are no medical reasons which would prevent you from undertaking the duties of the post? YES / NO
- Can you confirm that you are not the subject of any investigation or proceedings by any body having regulatory functions in relation to health/social care professionals including such regulatory body in another country? YES / NO
- Can you confirm that you have never been disqualified from the practice of a profession or required to practise it subject to specific limitations following a fitness to practice investigation by a regulatory body, in the UK or another country? YES / NO

I understand that:-

- the appointment, if offered, will be subject to information given on the form being correct;
- providing false information with regard to this application shall disqualify me from such appointment, or in the future lead to a termination of employment.
- any appointment is subject to the receipt of satisfactory references, a satisfactory occupational health clearance, Criminal Records Bureau Disclosure (if applicable) and successful completion of a three month probation period. .

Signature:

Date:

FOR OFFICE USE ONLY

Enclosures: Application form guidance notes
Job Description & Person Specification
Equal Opportunities monitoring form