



EMPLOYMENT APPLICATION FORM

Position applied for:

Where did you hear about this vacancy?

Surname:

Title:

Forenames:

Full address:

Postcode:

Home Phone:

Daytime Phone:

Email Address:

Mandatory *(this email address will be used in future correspondence)*

Valid Driving Licence: Yes

No

Own transport: Yes

No

Details of any current
driving convictions:

Qualifications:

School/College/University:



EMPLOYMENT APPLICATION FORM (page 2)

Professional Body:

Qualification:

PIN/Membership Number:

Expiry Date:

Revalidation Date:

Your current employment

Employer name:

Employer Address:

Employer Email:

Your job title:

Date started:

Period of notice:

Current salary:

Hours per week:

Brief description of duties and responsibilities:

Employment History *(this must be a complete employment history over last 20 years)*

Employer:

Job Title:

From:

Until:

Reason for leaving:

Please continue on separate sheet if necessary



EMPLOYMENT APPLICATION FORM (page 3)

Please use this section below to tell us why you are applying for this post and refer to any relevant skills, knowledge, experience and achievements to support your application providing evidence against the job description and person specification:

Rehabilitation of Offenders Act 1974

Have you any convictions or are currently the subject of police proceedings in this or any other country?

Yes

No

Protection of Vulnerable Adults / Protection of Children Act 1999

Are you or have you ever been subject of any fitness to practice proceedings by a UK or overseas licensing or regulatory body?

Yes

No



EMPLOYMENT APPLICATION FORM (page 4)

Name of first referee:

Position:

Address of referee:

Email of referee:

Phone:

Please tick if you would prefer us not to contact this referee before interview:

Name of second referee:

Position:

Address of referee:

Email of referee:

Phone:

Please tick if you would prefer us not to contact this referee before interview:

Do you require a work permit? Yes

No

The organisation does not have a policy of obtaining permits on behalf of applicants

If successful you will be required to complete a pre-employment Occupational Health questionnaire and a Disclosure and Barring Service check. Any offer of employment will be subject to satisfactory reports from each of these.

General Data Protection Regulation (GDPR)

It is important for us to collect and retain personal information about you, such as your contact and employment details, so we are able to communicate with you throughout the application process, and to support you as reasonably and effectively as possible. We will maintain your data as set out in our Privacy Notice for Job Applicants which can be viewed by visiting www.weld-hospice.org.uk/jobs or by contacting the People Services Department.

I confirm that, to the best of my knowledge, the information given in this application is accurate and complete.

Signed:

Date:

Please complete the Equal Opportunities Monitoring Form below, as your application will not be considered without this.

When completed, please email this form to recruitment@weld-hospice.org.uk



EQUAL OPPORTUNITIES MONITORING FORM

Weldmar Hospicecare recognises, values and respects that each person is unique. The Charity is against any form of discrimination covered by the Equality Act 2010, ie. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

The Charity is aware that discrimination stops people being treated equally and is committed to being fair and equal in all areas of delivering a service.

The information in this form will be recorded solely for monitoring the profile of Weldmar Hospicecare.

Title:

Surname:

Forenames:

Known As:

Postcode:

Date of Birth:

What gender are you?

If you prefer to use your own term, please specify here:

Equality Act 2010

Please select the option which best describes your sexual orientation

If you prefer to use your own term, please specify here:

Please select the option which best describes your faith, culture of belief

If you prefer to use your own term, please specify here:

Please select the option which best describes your ethnic origin

If you prefer to use your own term, please specify here:

Do you consider yourself to have a disability?

The Equality Act 2010 defines disability as 'a physical or mental impairment which has a substantial and long term effect on a person's ability to carry out normal day to day activities'.

Please select the type of impairment which best defines your disability

If you tell us that you have a disability, we can make reasonable adjustments at interview, where you work and to your work arrangements.

If you prefer to use your own term, please specify here:

DECLARATION

I confirm that the information on this form is true and complete.

I agree that any deliberate omission, falsification or misrepresentation will be grounds for rejecting my application.

I agree to this declaration.

Signature:

Date: