



Application Form No: \_\_\_\_\_

Please complete this Application Form in Black Ink in full.

**Note: Candidates who submit part completed forms will not be considered. Curriculum Vitae's should only be used to supplement fully completed application forms.**

**If you have any special requirements with regards to the completion of this application form please do not hesitate to contact the Human Resources Department on 0151 482 8990**

**Post applied for :**

**Job reference no:**

**National Insurance no:**

Last Name:

Previous name if applicable:

Title:

First Name(s)

Address:

Postcode:

Home telephone number:

Work number:

Mobile number:

Email address:

Do you require a work permit to work in the UK? Yes/No

Do you have the legal right to Work in the UK? Yes/No

If 'Yes' and there are conditions attached, for example start or finish dates, please specify:

If 'No' what type of work permit do you require?

<b>Educational and Professional Qualifications</b>			
Subject/Qualification	Place of study	Grade/Result	Year obtained
<b>Relevant Training Courses Attended</b>			
Course Title	Training Provider	Duration	Year completed
Membership of Professional Body:			
Pin No:			
Registration Level:		Expiry Date:	
Status: Graduate or Full Member			
Do you hold a current driving license?		Yes/No	
Do you have regular use of a car?		Yes/No	

**Employment History**

Please list full employment history to date

<b>Present or Last Employer</b> (Please provide Company Name, Address, and Telephone Number and indicate the type of business)	
Dates employed	
Position held	
Brief description of duties and key achievements	
Reason for leaving:	Current salary £
Notice required:	
Manager's name:	

**Previous Employer** (Please provide Company Name, Address and Telephone Number and indicate the type of business)

Dates employed

Position held

Brief description of duties and key achievements

Reason for leaving:

Last salary £

Manager's name:

**Previous Employer** (Please provide Company Name, Address and Telephone Number and indicate the type of business)

Dates employed

Position held

Brief description of duties and key achievements

Reason for leaving:

Last salary £

Manager's name:

<b>Previous Employer</b> (Please provide Company Name, Address and Telephone Number and indicate the type of business)	
Dates employed	
Position held	
Brief description of duties and key achievements	
Reason for leaving:	Last salary £

Please continue on a separate sheet if necessary

**References**

References must be provided from your current and previous employer. We reserve the right to contact any or all of the people named. We will not contact any referee without your permission or until an offer of employment has been made.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have any other work commitments, either paid or unpaid, which you would wish to continue with if offered employment by Wirral Hospice St. John's Yes/No

You may not, without the prior permission in writing of Wirral Hospice St John's be employed or otherwise engaged in any other business, trade or profession whether directly or indirectly in any capacity

If an offer of employment is made, you will be required to complete a medical questionnaire. You will be asked to send this directly to our occupational health advisers and then follow this up to make an appointment to attend a medical assessment. All employment is subject to the receipt of employment references, medical clearance and a Criminal Records Disclosure which are satisfactory to Wirral Hospice St. John's.

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Have you any friends or relatives employed by Wirral Hospice St. John's? If so, please provide name(s) and relationship

Have you applied to Wirral Hospice St. John's before? If so, please provide details of post applied for and approximate date:

Please state why you have applied for this post. Indicate past achievements, employment and personal qualities relevant to your application. What contribution would you expect to make in the post?

Please continue on a separate sheet if you wish

**DISCLOSURE AND BARRING SERVICE**

All posts within the Hospice are subject to a Standard/Enhanced or Enhanced with check against the Barred List Disclosure

Applications for Disclosure will be taken up if successfully appointed

Do you have any convictions, cautions, reprimands or final warnings which are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198. **Yes/No**

Please see attached Hospice Policy on Employing People with a Criminal Record

Guidance and criteria on the filtering of these Cautions and Convictions can be found on the Disclosure and Barring Service website @ [www.gov.uk/government/publications/dbs-filtering-guidance](http://www.gov.uk/government/publications/dbs-filtering-guidance)

Criminal records will be taken into account for recruitment purposes only when the conviction is relevant. A criminal record will not necessarily be a bar to obtaining a position

**You will be required to give details of the above if you are shortlisted for interview**

**PROFESIONAL CONDUCT**

Are you 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? **Yes/No**

Have you ever been disqualified from the practice of a profession or required to practise it subject to specified limitations following a fitness to practise investigation by a regulatory body, in the UK or another country? **Yes/No**

Professional Misconduct will be considered carefully at recruitment and will not necessarily be a bar to obtaining a position.

**DECLARATION**

I declare that the information contained in this form is true and complete. I understand that if it is subsequently discovered that any statement is false or misleading the Hospice has the right to dismiss me from my employment. I also understand that canvassing will disqualify and any offer of the post is subject to satisfactory health clearance, references, disclosure and barring service check and production of requested documentation.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Monitoring Sheet

Wirral Hospice St. John's is committed to promoting a diverse workforce and to achieve policies which eliminate unfair discrimination. The Hospice does not discriminate on any grounds other than the ability to carry out the job. It is strongly recommended that such policies are monitored effectively and we fully support this. Monitoring is essential to ensure that the policies are being properly implemented and your answers to the questions below will provide statistical information with which to review the Hospice's policies and procedures.

This sheet will be detached before your application is considered. Any information given will be held in strict confidence and will not affect your application. We ask for your co-operation in completing this sheet.

### Job Details

Post applied for	Department
Where did you hear about this vacancy?	

### Personal Details

Last name:	First name(s):
Mr/Mrs/Miss/Ms/Dr/other (please specify)	Gender:
Date of birth:	Age:
Nationality:	Place of birth:

### Ethnicity

What is your ethnic group? Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background

- a) **White**
- |                  |                          |
|------------------|--------------------------|
| White British    | <input type="checkbox"/> |
| White Irish      | <input type="checkbox"/> |
| Any other        | <input type="checkbox"/> |
| White Background | <input type="checkbox"/> |
- b) **Mixed**
- |                                 |                          |
|---------------------------------|--------------------------|
| Mixed White and Black Caribbean | <input type="checkbox"/> |
| Mixed White and Black African   | <input type="checkbox"/> |
| Mixed White and Asian           | <input type="checkbox"/> |
| Any other Mixed background      | <input type="checkbox"/> |
- c) **Asian or Asian British**
- |             |                          |
|-------------|--------------------------|
| Indian      | <input type="checkbox"/> |
| Pakistani   | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> |
- d) **Black or Black British**
- |                                  |                          |
|----------------------------------|--------------------------|
| Black or Black British Caribbean | <input type="checkbox"/> |
| Black or Black British African   | <input type="checkbox"/> |
| Any other Black background       | <input type="checkbox"/> |
- e) **Chinese or other ethnic group**
- |                        |                          |
|------------------------|--------------------------|
| Chinese                | <input type="checkbox"/> |
| Any other ethnic group | <input type="checkbox"/> |

Please specify: \_\_\_\_\_