

North Court Road  
Broomfield  
Chelmsford  
CM1 7FH  
Charity no. 284670  
Company no. 1619905



## EMPLOYMENT APPLICATION FORM

Please complete the whole of this form in black ink

Position applied for: \_\_\_\_\_

Where did you hear about the position? \_\_\_\_\_

Date of application: \_\_\_\_\_

Job Ref: \_\_\_\_\_

### Section 1. Personal Details

Title: Ms / Miss / Mrs / Mr / Dr

Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Post code: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Work telephone: \_\_\_\_\_

Mobile telephone: \_\_\_\_\_

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

Do you have a current driving licence? Yes / No

Do you need a work permit? Yes / No

Do you hold a current work permit, which will allow you to work for Farleigh Hospice?

Yes / No / Not applicable

## Section 2. Health

Do you have a health problem or disability which could cause difficulty in relation to the duties of this particular job?

Are there any facilities you require to enable you to attend or perform well at interview?

## Section 3. Criminal Convictions

If the post you are applying for is patient facing this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. You must therefore disclose any criminal convictions, however long ago these occurred, if the application is to proceed.

The appointment to some Farleigh Hospice posts will be made subject to enhanced Disclosure and Barring Service (DBS) Check. The accompanying documentation for the post confirms if a DBS check is required.

Have you any criminal convictions, bind-overs, warnings or reprimands? Yes / No

If yes, please give details and dates:

## Section 4. Education, Qualifications and Professional Memberships

Please tell us about your qualifications, any professional body membership and any relevant vocational training:

| Subject | Qualification | Place of study | Grade / result | Year obtained |
|---------|---------------|----------------|----------------|---------------|
|         |               |                |                |               |
|         |               |                |                |               |
|         |               |                |                |               |

Membership of professional bodies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional registration number: \_\_\_\_\_

NMC number (if applicable): \_\_\_\_\_

If offered this post would you continue to work in any other capacity? (Give details):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Section 5. Present/Last Employer**

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer post code: \_\_\_\_\_

Position held: \_\_\_\_\_

Please summarise your main duties: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Nature of business (if not NHS): \_\_\_\_\_

Salary: \_\_\_\_\_

Notice required: \_\_\_\_\_

## Section 6. Previous Employment

Please provide details of your previous employment, (minimum 3 years), beginning with the most recent:

**Employer name:** \_\_\_\_\_

Position held: \_\_\_\_\_

Please summarise your main duties: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer name:** \_\_\_\_\_

Position held: \_\_\_\_\_

Please summarise your main duties: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer name:** \_\_\_\_\_

Position held: \_\_\_\_\_

Please summarise your main duties: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Please note:** Farleigh Hospice will collect, store and use the information provided by you on this application form for recruitment and selection purposes. You have the right to ask to see this data if you wish.

## Section 7. Your Suitability for the Position

Please use the space below, and **ONLY** this space, to express how you believe you match up to the tasks mentioned in the job description and qualities described in the person specification:

## Section 8. Declaration

I declare that the information which I have given in this application form is true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, this may lead to dismissal from employment with Farleigh Hospice.

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

Date \_\_\_\_\_

## Section 9. References

Please give the names of two people who are able to provide references relating to your work experience and your suitability for the post applied for. One referee should be your current or most recent employer. References from family or friends are NOT acceptable.

**Referee name:** \_\_\_\_\_

Position held: \_\_\_\_\_

Company name: \_\_\_\_\_

Company address: \_\_\_\_\_  
\_\_\_\_\_

Company post code: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Can we approach before interview? Yes / No

**Referee name:** \_\_\_\_\_

Position held: \_\_\_\_\_

Company name: \_\_\_\_\_

Company address: \_\_\_\_\_  
\_\_\_\_\_

Company post code: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Can we approach before interview? Yes / No

**I give consent for Farleigh Hospice to approach my nominated referees**

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Section 10. Equal Opportunities

To help develop and implement our Equal Opportunities Policy all applicants are requested to answer the following questions. This information will be used solely for monitoring purposes and treated as confidential. It will be separated from your application form on receipt and before consideration of candidates takes place.

Position applied for: \_\_\_\_\_

### Ethnic Origin

How would you describe your ethnic origin? (ethnic categories based on 2001 census)

| <b>White</b>  |       |                          |                            |
|---|-------|--------------------------|----------------------------|
| English / Welsh / Scottish / Northern Irish / British | Irish | Gypsy or Irish traveller | Any other White background |

If other, please describe: \_\_\_\_\_

| <b>Mixed / multiple ethnic groups</b> |                         |  |
|---------------------------------------|-------------------------|--|
| White and Black Caribbean             | White and Black African | Any other Mixed / Multiple ethnic background |

If other, please describe: \_\_\_\_\_

| <b>Asian / Asian British</b> |                            |             |
|------------------------------|----------------------------|-------------|
| Indian                       | Pakistani                  | Bangladeshi |
| Chinese                      | Any other Asian background |             |

If other, please describe: \_\_\_\_\_

| <b>Black / African / Caribbean / Black British</b> |           |  |
|--|-----------|--|
| African  | Caribbean | Any other Black / African / Caribbean background |

If other, please describe: \_\_\_\_\_

| <b>Other ethnic group</b> |                        |
|---------------------------|------------------------|
| Arab                      | Any other ethnic group |

If other, please describe: \_\_\_\_\_

## Sexual Orientation

How would you describe your sexual orientation?

|              |                   |          |
|--------------|-------------------|----------|
| Heterosexual | Homosexual        | Bisexual |
| Other        | Prefer not to say |          |

If other, please describe: \_\_\_\_\_

## Gender

How would you describe your gender?

|             |        |                   |
|-------------|--------|-------------------|
| Male        | Female | Transsexual       |
| Transgender | Other  | Prefer not to say |

If other, please describe: \_\_\_\_\_

## Religion

How would you describe your religion?

|             |                   |        |
|-------------|-------------------|--------|
| Christian   | Catholic          | Jewish |
| Sikh        | Muslim            | Hindu  |
| Rastafarian | Buddhist          | Other  |
| No religion | Prefer not to say |        |

If other, please describe: \_\_\_\_\_

## Disability

Would you describe yourself as a person with a disability?

Yes / No

## Date of Birth

Please provide your date of birth: \_\_\_\_\_