

APPLICATION FOR EMPLOYMENT



PLEASE READ THESE NOTES BEFORE COMPLETING THIS FORM
ALL APPLICANTS MUST COMPLETE THIS FORM, IT IS NOT ACCEPTABLE TO WRITE 'SEE ATTACHED CV'

1. Please complete this form using *BLOCK CAPITAL* letters.
2. Please attach your curriculum vitae.
3. Answer questions in full. Delete answers (yes / no) where applicable. If an answer is not applicable write *N/A*.
4. All applicants who meet the requirements advertised will be given fair and equal consideration, regardless of race, sex, colour, creed, nationality, ethnic origin, marital status, sexual orientation, religion, age or disability.
5. You will be required to provide evidence of your right to reside and work in the United Kingdom should an offer of employment be made.
6. You will be required to provide evidence of qualifications should an offer of employment be made.
7. Employment references will be sought from your current and previous employers. Please note that no reference will be sought from your current employer without your consent.
8. Information provided by you will be treated in strict confidence.

PERSONAL DETAILS

Position applied for	Where did you learn of this vacancy?	
Surname	Forenames	
Title Mr Ms Mrs Miss	Home telephone number	
Home address	Mobile telephone number	
	E mail address	
Are you legally eligible for employment in the United Kingdom? Yes / No	If you are an EC National do you need to register on the Worker Registration Scheme? Yes / No	Do you require a work permit to work in the United Kingdom? Yes / No

EDUCATION, PROFESSIONAL QUALIFICATIONS & TRAINING

Name of educational establishment / training provider	Examinations taken, qualifications, training undertaken	Expiry Date if Applicable

Other Qualifications/Relevant Courses e.g. Fluent modern languages, knowledge of foreign countries, or special attainments

Do you possess a valid full driving licence to drive a car in the United Kingdom? Yes / No

PROFESSIONAL MEMBERSHIP					
Name of Organisation		Grade/Category	Date Obtained	Cert/Pin No/ Registration No	Date Renewal Due
EMPLOYMENT HISTORY					
Please state in order, from current (last) job positions held in the last 10 years (use separate piece of paper if necessary).					
Dates (month and year)		Employer's name, address and nature of business	Position(s) held	Leaving Salary	Reason for leaving
From	To				
What period of notice are you required to give to your present employer?			What is your salary expectation? £		
Special Interests/Leisure Activities			Have you previously worked for the Phyllis Tuckwell Hospice? If so please state when and in what position.		
REFEREES: Please give the names and addresses of two referees known to you professionally, one of whom should be your present or most recent employer.					
1. May we contact this referee before interview? Yes/No			2. May we contact this referee before interview? Yes/No		

SUPPORTING INFORMATION

Use this space to provide any information in support of your application (continue on additional paper if necessary).

To the best of my knowledge all the information I have given is true. I understand that any false statement may disqualify me from employment or render me liable to dismissal. I give my consent for my personal information to be processed in relation to my application for employment in line with the requirements of the Data Protection Act. I understand the information given in this form will only be used by the Hospice in relation to my application for employment. By signing this declaration I am giving my express consent for you to retain and process this information under the Data Protection Act 1998.

Signature

Date

If you have not heard from the Hospice within four weeks of the closing date your application will have been unsuccessful and we thank you for the interest that you have shown.