|  |  |  |
| --- | --- | --- |
| **STANDARD APPLICATION FORM**Please fill in the application form below. Do not type/write using only capital letters and please remember to check it carefully, as once the form has been submitted it cannot be changed. Please note that questions marked with an asterisk \* are mandatory and therefore must be answered. |

|  |
| --- |
| **For Office Use Only**Reference Number: |

 |

**APPLICATION FOR EMPLOYMENT WITH**

**St Teresa’s Hospice**

**APPLICATION FOR EMPLOYMENT**

Details entered in this part of the form will be held by the recruiting employer. Access to this information will be withheld from the shortlisting panel. Please use the appropriate mixture of capital and lowercase letters in standard written text.

|  |  |
| --- | --- |
| Job location |  |
| Job title |  |
| Department |  |

**Personal Details**

|  |  |
| --- | --- |
| Title |  |
| \* Surname/Family name |  |
| \* First name |  |
| Middle name |  |
| Name in which you are registered with a professional body (if applicable) |  |
| UK national insurance number |  |
| Address |  |
| \* Postcode/Zip code |  |
| \* Country |  |
| Home telephone number |  |
| Mobile telephone number(only if UK registered) |  |
| Work telephone number |  |
| Preferred telephone number | 🞎 Home 🞎 Mobile 🞎 Work |
| Your email address |  |
| \* Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National? |
| 🞎 Yes 🞎 No |
| If you have answered ‘No’ above, you must answer these questions:  |
| Please select the category that relates to your current immigration status. This status will be subject to checking before interview.  |
| * Highly Skilled Migrant Programme/Tier 1 🞎 Post Graduate Doctors and Dentists
* Indefinite Leave to remain/enter 🞎 Tier 5 Temporary Workers
* Work Permit/Tier 2
* Dependant / Spouse visa
* Working Holiday Visa/Tier 5 Youth Mobility 🞎
* Clinical attachment visa
* Refugee
* Tier 4 student 🞎 Other, please specify below
* Visitor

 ----------------------------------------------------------- |
| Please supply details of any visa currently held: |
| Visa number:Start date: (DD/MM/YY)Expiry date: (DD/MM/YY)Details of any restriction: |
| Does your visa have a condition restricting employment or occupation in the UK? |
| 🞎 Yes 🞎 No |
| Are you an NHS professional returning to practice? | 🞎 Yes 🞎 No |

**APPLICATION FOR EMPLOYMENT**

Details entered in this part of the form will be held by the recruiting employer and will be made available to the short-listing panel.

|  |  |  |  |
| --- | --- | --- | --- |
| Job reference number |  | Reference number (Internal use only |  |
| Job title |  |
| Department |  |

**Education & Professional Qualifications**

|  |
| --- |
| All relevant qualifications. Please also indicate subjects currently being studied. All qualifications disclosed will be subject to a satisfactory check. |
| Subject/Qualification | Place of study | Grade/result | Year obtained |
|  |  |  |  |
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**Relevant Training Courses Attended**

|  |
| --- |
| Please provide details regarding training courses that you have attended or currently undertaking, together with the date completed or to be completed by. |
| Course title | Training provider | Duration | Year completed |
|  |  |  |  |
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**Membership of Professional Bodies**

Please provide details regarding any relevant professional registrations or memberships. This information will be subject to a satisfactory check.

|  |
| --- |
| \* Please indicate your UK Professional Registration status |
| 🞎 I do not have the relevant UK professional registration status🞎 I have current UK professional registration relevant for this post🞎 UK professional registration required and applied for🞎 UK professional registration required but not yet applied for🞎 I am a student🞎 Not required for this post |

If professional registration is not required then go to **Employment History**.

|  |
| --- |
| If you have answered ‘I have current UK professional registration relevant for this post’ then please enter the relevant details below. |
| Professional body | Membership or registration type | Membership/Registration number | Expiry/renewal date |
|  |  |  |  |
|  |  |  |  |

**Employment History**

Please record below the details of your full employment history beginning with your current or most recent first. If required, please provide additional information regarding your employment history within the 'Supporting Information' section.

|  |  |
| --- | --- |
|  Months since most recent employment ended (if applicable) |  |

**Current/most recent employer (reference always required)**

|  |  |
| --- | --- |
| Employer name  |  |
|  Address |  |
|  Type of business |  |  Telephone number |  |
|  Your job title |  |
|  Start date *(MM/YYYY)* |  |  End date *(MM/YYYY)* |  |
|  Grade |  |  Salary |  |
|  Reporting to (job title) |  | Period of notice |  |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

**Previous Employer 1**

|  |  |
| --- | --- |
| Employer name  |  |
|  Address |  |
|  Type of business |  |  Telephone |  |
|  Your job title |  |
|  Start date *(MM/YYYY)* |  |  End date *(MM/YYYY)* |  |
|  Grade |  |  Salary |  |
|  Reporting to (job title) |  | Period of notice |  |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

**Previous Employer 2**

|  |  |
| --- | --- |
| Employer name  |  |
|  Address |  |
|  Type of business |  |  Telephone |  |
|  Your job title |  |
|  Start date *(MM/YYYY)* |  |  End date *(MM/YYYY)* |  |
|  Grade |  |  Salary |  |
|  Reporting to (job title) |  | Period of notice |  |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

**Previous Employer 3**

|  |  |
| --- | --- |
| Employer name  |  |
|  Address |  |
|  Type of business |  |  Telephone |  |
|  Your job title |  |
|  Start date *(MM/YYYY)* |  |  End date *(MM/YYYY)* |  |
|  Grade |  |  Salary |  |
|  Reporting to (job title) |  | Period of notice |  |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

**Previous Employer 4**

|  |  |
| --- | --- |
| Employer name  |  |
|  Address |  |
|  Type of business |  |  Telephone |  |
|  Your job title |  |
|  Start date *(MM/YYYY)* |  |  End date *(MM/YYYY)* |  |
|  Grade |  |  Salary |  |
|  Reporting to (job title) |  | Period of notice |  |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

**Previous Employer 5**

|  |  |
| --- | --- |
| Employer name  |  |
|  Address |  |
|  Type of business |  |  Telephone |  |
|  Your job title |  |
|  Start date *(MM/YYYY)* |  |  End date *(MM/YYYY)* |  |
|  Grade |  |  Salary |  |
|  Reporting to (job title) |  | Period of notice |  |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

**Previous Employer 6**

|  |  |
| --- | --- |
| Employer name  |  |
|  Address |  |
|  Type of business |  |  Telephone |  |
|  Your job title |  |
|  Start date *(MM/YYYY)* |  |  End date *(MM/YYYY)* |  |
|  Grade |  |  Salary |  |
|  Reporting to (job title) |  | Period of notice |  |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

Please add additional employers/information on a separate sheet.

**Employment Gaps**

|  |
| --- |
| If you have any gaps within your employment history, please state the reasons for the gaps below. |
|  |

**References**

Please provide the names and full contact details of your referees.

* You need to provide at least 2 references, ideally from your most recent 2 employers (paid or voluntary) or educational institutions. References must cover all previous paid or voluntary roles in health and social care or working with children or vulnerable adults. They may need to comment on your skills, personal qualities and suitability for the post.
* Your referee could be an HR department, line manager or someone in a position of responsibility.
* You must provide an email address for each referee. This may require you to contact your referee to confirm this prior to submitting your application, as this is a mandatory field.
* If you are a student or trainee this should include a teacher/tutor at your school/college or university.
* If 2 employment or education references are not available, you may need to supply a character reference from someone who has known you for at least 3 years. A character reference must not be from a relative or someone who has a financial arrangement with you.
* Emails for employers must be a valid work email address and not the referee’s personal email address unless the email being provided is covering a gap in work history or the employer no longer exists and the referee being used is a personal/character referee.
* All reference requests will be verified by the recruiting employer.

Referees may be approached before interview, unless you state otherwise below.

**Referee 1**

|  |  |
| --- | --- |
| \* Type of reference | 🞎 Current employer 🞎 Previous employer🞎 School/College/University/Higher Education 🞎 Personal/Character |
| Title |  |
| \* Surname/Family name |  | \* First name |  |
| \* Relationship |  |
| Employer name |  |
| Referee job title |  |
| \* Address |  |
| \* Postcode/Zip code |  |
| Telephone |  | \* Country |  |
| \* Referee email address |  | Fax |  |
| Period this reference covers | From: (MM/YYYY) To: (MM/YYYY) |
| \* Can the referee be contacted prior to interview? | 🞎 Yes 🞎 No |

**Referee 2**

|  |  |
| --- | --- |
| Type of reference | 🞎 Current employer 🞎 Previous employer🞎 School/College/University/Higher Education🞎 Personal/Character |
| Title |  |
| \* Surname/Family name |  | \* First name |  |
| \* Relationship |  |
| Employer name |  |
| Referee job title |  |
| \* Address |  |
| \* Post Code/Zip code |  |
| Telephone |  | \*Country |  |
| \* Referee email address |  | Fax |  |
| Period this reference covers | From: (MM/YYYY) To: (MM/YYYY) |
| \* Can the referee be contacted prior to interview? | 🞎 Yes 🞎 No |

|  |  |
| --- | --- |
| If you have applied to us within the last 3 months, are you happy for us to use the references from your earlier application? | 🞎 Yes 🞎 No |

**Please include details for any additional referees on a separate sheet.**

**Supporting Information**

In this section you need to demonstrate that you have read the published person specification and how you meet the essential and (where relevant) desirable criteria for this particular position. This can include relevant skills, knowledge, experience, voluntary activities, training etc.

Please indicate your reasons for applying and take the opportunity to highlight your particular talents and strengths, (what you feel you can personally offer- what is unique to you – what sets you apart from your peers).

If relevant to the post for which you are applying, you should include details about research experience, publications or poster presentations, clinical care (knowledge and skills) and clinical audit.

Please DO NOT include personal details or duplicate information already provided elsewhere in your application.

|  |
| --- |
| \* Supporting information (Please continue on additional sheets if necessary). |
|  |

**Additional Personal Information**

|  |  |
| --- | --- |
| Please indicate the minimum number of hours per week that you would like to apply for |  |
| Please indicate the maximum number of hours per week that you would like to apply for |  |
| Please give details of your professional experience of Retail and Customer Service (max 150 words). You can include further information in your supporting information if you wish. |  |
| Please tell us why you want to join the Thirsk team at St Teresa's Hospice, and what you think makes you stand out as a candidate |  |
| If you are unsuccessful on this occasion, would you like to be kept informed of similar vacancies at St Teresa's Hospice in the next 6 months? (You can withdraw your consent to this at any time, by contacting the HR Office via hr@darlingtonhospice.org.uk) | 🞎 Yes🞎 No |
| If you are unsuccessful on this occasion, would you like to be considered for bank work (i.e. as a zero-hours worker)? | 🞎 Yes🞎 No |
| If I am recruited as a Bank Worker, please add me to St T's Bank Vacancy Mailing List and email me about vacancies at St Teresa's Hospice while I am on the Hospice Bank(You can opt out at any time by emailing hr@darlingtonhospice.org.uk) | 🞎 Yes🞎 No |

|  |
| --- |
| **For Office Use Only**Reference Number: |

**Declaration**

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details.

|  |
| --- |
| I agree to the above declaration |
| Signature |  |
| Name |  | Date |  |

**Relationships**

|  |
| --- |
|  If you are related to a director, or have a relationship with a director or employee of an appointing organisation, please state the relationship: |
|  |

|  |
| --- |
| Where did you see this vacancy advertised? |
| 🞎 NHS website 🞎 Google🞎 Search engine🞎 Facebook🞎 Twitter🞎 Find a Job🞎 Linkedin🞎 Careers fairs🞎 Other website🞎 National newspaper | 🞎 Local newspaper🞎 British Medical Journal🞎 British Dental Journal🞎 Health Service Journal🞎 College of Occupational Therapists🞎 Community Care🞎 Health Service Journal | 🞎 Doctor🞎 Therapy Weekly🞎 Nursing Times🞎 GP🞎 Hospital Doctor🞎 Pharmaceutical Journal🞎 Podiatry Now🞎 RCN🞎 Physiobob | 🞎 Nursing Standard🞎 Other Professional Journal🞎 Civil Service Jobs🞎 Civil Service Jobs – job alert email🞎 Jobs Go Public🞎 Radio advertising🞎 Other |

**MONITORING INFORMATION**

This section of the application form will be detached from your application and will not be used as part of the selection process nor will it be seen by anybody who is interviewing you.

NHS organisations recognise the benefits of a diverse workforce which reflects the wider population and welcome applications from all sections of the community. Also, under the Equality Act (2010), all NHS organisations must demonstrate that their recruitment processes are fair and that they are not discriminating against or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation. We need to ask applicants some questions to make sure that no one is being unfairly discriminated against or disadvantaged.

The information collected is only used for anonymised monitoring purposes to help the organisation look at the profile of individuals who apply, are shortlisted for and appointed to each vacancy. In this way, they can check that they are complying with the Equality Act (2010).

As well as for monitoring, your date of birth will be used for administration purposes including pre-employment checks and creation of your personal record if you are appointed.

**Equality Act 2010**

The Equality Act 2010 protects people against discrimination on the grounds of

* their age and sex;
* their race which includes colour, nationality, ethnic or national origin;
* their religion or belief, including a lack of any belief;
* their sexual orientation, be it bisexual, gay, heterosexual and lesbian

The Equality Act 2010 also protects people who are married or in a civil partnership.

|  |  |
| --- | --- |
| \* Please state your date of birth |  |
| \* Please indicate your gender | 🞎 Male 🞎 Female 🞎 Intersex🞎 Non-binary 🞎 I do not wish to disclose this 🞎 If you prefer to use your own term, please specify here:  |

**Equality Act 2010**

The Equality Act 2010 protects people who are married or in a civil partnership.

|  |
| --- |
| \* Please indicate the option which best describes your marital status |
| 🞎 Married🞎 Single🞎 Civil partnership🞎 Legally separated | 🞎 Divorced🞎 Widowed🞎 I do not wish to disclose this |

**Equality Act 2010**

The Equality Act 2010 protects bisexual, gay, heterosexual and lesbian people from discrimination on the grounds of their sexual orientation.

|  |
| --- |
| \* Which of the following options best describes how you think of yourself? |
| 🞎 Heterosexual 🞎 Gay or Lesbian🞎 Bisexual | 🞎 Other sexual orientation not listed🞎 Undecided🞎 Not stated (person asked but declined to provide a response) |

**Equality Act 2010**

The Equality Act 2010 protects people against discrimination on the grounds of their race which includes colour, nationality, ethnic or national origin.

|  |
| --- |
| \* Please indicate your ethnic origin |
| **Asian or Asian British**🞎 Bangladeshi 🞎 Indian🞎 Pakistani🞎 Any other Asian background**Black or Black British**🞎 African🞎 Caribbean🞎 Any other Black background | **Mixed**🞎 White & Asian🞎 White & Black African🞎 White & Black Caribbean🞎 Any other mixed background**White**🞎 British 🞎 Irish🞎 Any other White background | **Other Ethnic Group**🞎 Chinese🞎 Any other ethnic group🞎 I do not wish to disclose this  |

**Equality Act 2010**

The Equality Act 2010 protects people against discrimination on the grounds of their religion or belief, including a lack of any belief.

|  |
| --- |
| \* Please indicate your religion or belief |
| 🞎 Atheism/no religion or belief🞎 Buddhism 🞎 Christianity 🞎 Hinduism | 🞎 Islam🞎 Jainism🞎 Judaism🞎 Sikhism | 🞎 Other 🞎 I do not wish to disclose this |

**Equality Act 2010**

Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ adverse effect on your ability to carry out normal day to day activities.

Further information regarding the definition of disability can be found here: <https://www.gov.uk/definition-of-disability-under-equality-act-2010>

Reasonable adjustments will be made available should you be invited to interview.

|  |  |
| --- | --- |
|  \* According to the definition of disability do you consider yourself to have a disability? | 🞎 Yes 🞎 No🞎 I do not wish to disclose this information |

|  |
| --- |
| Please identify the category which applies to you or other type of disability. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'Other'. |
| 🞎 Physical impairment 🞎 Learning disability/difficulty 🞎 Sensory impairment 🞎 Long-standing illness 🞎 Mental health condition 🞎 Other  |
| If you have a disability, do you wish to be considered under the Guaranteed Interview Scheme if you meet the minimum criteria as specified in the person specification? |
| 🞎 Yes 🞎 No |

|  |
| --- |
| **For Office Use Only**Reference Number: |

**Safeguarding**

This section of the application form will only be viewed by those who need to see it as part of the recruitment process. Any information disclosed will be treated strictly confidential.

You should read the Guidance relating to the Rehabilitation of Offenders Act 1974 (<https://www.jobs.nhs.uk/help/appformhelp_4.html>) to find out what you'll have to tell us. Although this refers to positions in the NHS, the same requirements apply to positions at St Teresa’s Hospice. The Act deals with the fair treatment of ex-offenders and helping them into work. We'll refer to it in this part of your application.

|  |
| --- |
| \* Have you got any unspent convictions and/or unspent conditional cautions?*This is regardless of whether any unspent convictions or unspent cautions have been issued in the UK or, in any other country where it would be considered an equivalent (or similar) offence in England and Wales.**It also includes unspent criminal convictions or relevant service discipline convictions received within the Armed Forces Justice System (e.g. through Summary Hearing or Court Martial) where it would be considered an equivalent offence in England and Wales.**It does not include parking offences. In such cases, you can select no.**Answering yes to this question does not mean that you will not be considered for a position. Employers will only consider information that is relevant to the position you have applied for and where there may be associated risks against the duties you may be required to carry out as part of this role.**You should read the Guidance relating to the Rehabilitation of Offenders Act 1974 (*[*https://www.jobs.nhs.uk/help/appformhelp\_4.html*](https://www.jobs.nhs.uk/help/appformhelp_4.html)*) before answering this question.* |
| 🞎 Yes 🞎 No  |
| \* If you have answered yes, you now have two options on how to disclose this information. |
| 🞎 I want to disclose the information now🞎 I want to disclose the information separately |
| \* If you have chosen ‘I want to disclose the information now’ please provide details of the unspent conviction, unspent conditional caution or Summary Hearing including the date and sentence administered in the space below. |
|  |
| You can disclose your record separately together with any statement detailing your unspent conviction, unspent conditional caution or Summary Hearing.A member of the recruitment team will contact you and advise what steps you need to take to submit your details separately. |