**If you have any difficulty in completing this form,**

 **or require the form to be provided in a different format,**

 **please call Human Resources on 01202 708470.**

|  |  |  |
| --- | --- | --- |
| **Please return completed application form to:** | **By post to:****Or by email to:** | Human ResourcesLewis-Manning Hospice CareLongfleet House56 Longfleet Road, PooleBH15 2JDhr@lewis-manning.org.uk |

**POST DETAILS**

|  |  |
| --- | --- |
| **Position applied for:** |  |
| **Closing date:** |  |
| How did you hear of the vacancy?If advertised, please state the name of the publication. |  |
| Please specify the type of work you are looking for: |
| Full-time/Part-time  |  | Permanent/Temporary |  | Bank |  |
| Please give details of availability for shifts/nights/weekends etc: |

 **PERSONAL DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title** | Dr | Mr | Mrs | Miss | Ms | Other: |
| **Surname** |  |
| **Forename(s)** |  |
| **Address** |  |
|  |  |
| Town |  |
| County |  |
| Post code |  |  |  |  |  |  |  |  |  |
| **Telephone** | Home |  |
| Work |  |
| Mobile |  |
| **Email address** |  |

**EDUCATION AND TRAINING**

|  |
| --- |
| **Secondary education** |
| Name of School/College | Dates | Exams Taken | Grade | Date obtained |
| From  | To |
|  |  |  |  |  |  |

|  |
| --- |
| **Further/Higher education** |
| Name of College/University | Dates | Exams Taken | Grade | Date obtained |
| From  | To |
|  |  |  |  |  |  |

**Please continue on a separate sheet if necessary.**

**PROFESSIONAL MEMBERSHIPS AND REGISTRATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of professional body** | **PIN number/****Membership number** | **Date of registration** | **Expiry date (if applicable)** |
|  |  |  |  |

**Please note that you will be asked to supply proof of registration if you are shortlisted for interview.**

**MOST RECENT EMPLOYER**

|  |  |
| --- | --- |
| **Name of employer** |  |
| **Address** |  |
|  |  |
| Town |  |
| County |  |
| Post code |  |  |  |  |  |  |  |  |  |
| **Telephone number** |  |
| **Email address** |  |
| **Job Title** |  |
| **Current or final salary** | £ |
| **Dates of employment** | From |  | To |  |
| **Reason for leaving (if applicable)** |  |
| **Period of notice required (if applicable)** |  |
| Please give a brief outline of your main responsibilities: |

**Please list ALL previous employers.**

**Please provide an explanation of any gaps in your employment history.**

**PREVIOUS EMPLOYERS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address of employer | Dates | Post held, grade and main duties | Reason for leaving |
| From  | To |
|  |  |  |  |  |

**PREVIOUS EMPLOYERS (continued)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address of employer | Dates | Post held, grade and main duties | Reason for leaving |
| From  | To |
|  |  |  |  |  |

**Please continue on a separate sheet if necessary.**

**SUPPORTING STATEMENT**

|  |  |
| --- | --- |
| **Please outline below:** | * **Why you are applying for this job**
* **How you satisfy the requirements of the job**
 |
| You may find it helpful to look again at the job description and person specification and review the experience, skills and knowledge we require. |
|  |

**Please continue on Continuation Sheet/s if necessary (at back of Application Form)**

|  |
| --- |
| **REHABILITATION OF OFFENDERS ACT 1974** |
| Posts at the Hospice are exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act by virtue of the Rehabilitation of Offenders Act (Exceptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act. Any such information given will be completely confidential and will only be considered in relation to your application for the post. Having a conviction will not necessarily disqualify your application for the post. |
| **Have you had any convictions?** | YES |  | NO |  |

**Please provide details of any convictions on a separate sheet.**

**ADDITIONAL PERSONAL DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you legally eligible to work in the UK?** | YES |  | NO |  |
| **Do you require a work permit?** | YES |  | NO |  |
| If yes, please give details: |
| **Have you ever been dismissed from previous employment?** | YES |  | NO |  |
| If yes, please give details: |
| **Do you hold a valid British driving licence?** | YES |  | NO |  |

**Please note that you may be asked to supply proof of your eligibility to work in the UK, your work permit and/or your driving licence if shortlisted for interview.**

|  |
| --- |
| **REFERENCES** |
| We require references from your two most recent employers. Please note that if you have applied for a clinical position, one of your referees must have employed you in a position where you worked with vulnerable adults or children. If this reference cannot be provided by one of your two most recent employers, please include a third referee to cover this aspect.  |
| **May we contact your referees prior to interview?** | YES |  | NO |  |

|  |
| --- |
| **REFERENCE 1** |
| **Name of referee** |  |
| **Job Title** |  |
| **Name of organisation** |  |
| **Address** |  |
| Town |  |
| County |  |
| Post code |  |  |  |  |  |  |  |  |  |
| **Telephone number** |  |
| **Email address** |  |
| **How long have you known this person and in what capacity?** |  |

|  |
| --- |
| **REFERENCE 2** |
| **Name of referee** |  |
| **Job Title** |  |
| **Name of organisation** |  |
| **Address** |  |
| Town |  |
| County |  |
| Post code |  |  |  |  |  |  |  |  |  |
| **Telephone number** |  |
| **Email address** |  |
| **How long have you known this person and in what capacity?** |  |

|  |
| --- |
| **REFERENCE 3 (if applicable)** |
| **Name of referee** |  |
| **Job Title** |  |
| **Name of organisation** |  |
| **Address** |  |
| Town |  |
| County |  |
| Post code |  |  |  |  |  |  |  |  |  |
| **Telephone number** |  |
| **Email address** |  |
| **How long have you known this person and in what capacity?** |  |

|  |
| --- |
| **DECLARATION** |
| I declare that the information contained in this application is complete and correct. I understand that if I have knowingly provided false information, given misleading statements or withheld relevant details this could lead to the withdrawal of an offer or subsequent disciplinary action, which could lead to dismissal.General Data Protection Regulation (GDPR) 2018 – I understand that information contained on this form will be used for recruitment processing purposes. Should my application be successful the details will also form the basis of my personnel record. |

**If you are successful at the shortlisting stage you will be contacted.**

|  |  |
| --- | --- |
| **Position applied for:** |  |
| **Surname** |  |
| **Forename(s)** |  |

**CONTINUATION SHEET**