



185 Tadcaster Road, YORK, YO24 1GL

APPLICATION FORM - Confidential

Post applied for:		Post Reference:
Surname:	Forenames:	Title: (Ms,Mrs,Miss,Mr,Other)
Previous Surnames:	Any Other Names Known By:	National Insurance Number:
Date of Birth:	Telephone/Contact Details:	
Place of Birth:	Daytime:	Evening:
	Mobile:	Email:
Permanent address:		Present address (if different):
Post Code:		Post Code:
PRESENT POST		
Job title:		Name and address of employer:
Present salary & grade:		
Date appointed:		Post code:
Notice required:		Telephone no:
Reason for leaving present post:		
PREVIOUS EMPLOYMENT & GAPS IN EMPLOYMENT (most recent first)		
Job Title	Name & Address of Employer	Dates of Appointment, Salary Level and Reason for Leaving/Gap
How did you find out about this vacancy?:		

EDUCATION			
School/Sixth Form/College	From	To	Details of qualifications gained
FURTHER/HIGHER EDUCATION/PROFESSIONAL TRAINING			
College/University/Organisation	From	To	Details of qualifications gained
ANY OTHER COURSES/TRAINING			
Course Title	Course Provider		Dates
PROFESSIONAL REGISTRATION			
Applicants for medical, professional and nursing posts must state:			
Professional Registration Body (eg NMC, GMC, GSCC):	_____		
Type of Registration (eg Full, Limited, Provisional):	_____		
Registration Number:	_____		
Expiry Date:	_____		

FURTHER INFORMATION

This is one of the most important parts of your application. Tell us why you are applying for the post and how your experience, skills, responsibilities and knowledge will enable you to do the job. Remember to match this to the Person Specification. (Add additional sheets if required)

LEISURE PURSUITS/INTERESTS

Give details of your spare time pursuits and interests:

Do you have a clean, full and current driving licence? **Yes / No***

If **NO** to the above, please give details

Do you own or have regular use of a vehicle? **Yes / No***

* only answer these questions if driving and the use of a vehicle is a requirement of the post.

Are you subject to UK Immigration Control? **Yes / No**

If **YES** to the above, please give details

Do you require a work permit? **Yes / No**

Nationality

Referees

Please give the names and addresses of two persons who would be prepared to give a reference on your behalf. One should be your present or most recent employer. Neither should be a relative.
References will be requested before interview.

Name:	Name:
Job title/capacity known:	Job title/capacity known:
Company:	Company:
Address:	Address:
Post code:	Post code:
Telephone no.:	Telephone no.:

HEALTH

Disabilities or health problems do not preclude full consideration for the job, and applications from suitable disabled persons are welcome. All information provided by candidates will be treated as confidential.

Are you generally in good health? Yes / No

Please state the number of days you reported sick during the past twelve months. _____

Would you be willing to undergo a medical examination by a registered practitioner or occupational health department, if required to do so? Yes / No

Are you disabled? (If 'Yes', please give details) Yes / No

Are you registered as disabled? Yes / No

Registered Disabled No:

REHABILITATION OF OFFENDERS ACT 1974

St. Leonard's Hospice aims to promote equality of opportunity for all with the right mix of talent, skills and potential. Criminal records will be taken into account for recruitment purposes only when the conviction is relevant, and will not necessarily be a bar to obtaining a position. Successful candidates will be required to complete a confidential declaration detailing any criminal convictions, cautions, reprimands and final warnings and any other information that may have a bearing on their suitability for the post.

As St. Leonard's Hospice meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974, all applicants aged 18 years or over who are offered employment will be subject to a criminal record check at the enhanced level from the Criminal Records Bureau before the appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions. We comply fully with the Criminal Record Bureau Code of Practice, which is available on request. The Hospice will also request checks and make referrals under the Protection of Vulnerable Adults (POVA) and Protection of Children Schemes.

DECLARATION

I confirm the information I have given on this form and others connected with my application is to the best of my knowledge and belief, correct, complete and true. I understand that my application may be rejected or if I have been appointed that I may be dismissed for withholding relevant details or giving false information.

Signature of Applicant:..... **Date:**.....