



30 Hullen Edge Road
Elland
West Yorkshire
HX5 0QY
01422 379151
mail@overgatehospice.nhs.uk

APPLICATION FORM

POSITION APPLIED FOR _____

PERSONAL DETAILS

Surname (Mr/Mrs/Miss/Ms/Dr.)* _____

Forenames _____

Home Address _____

Post Code _____

Home Tel. No _____

Daytime Tel. No _____

PIN (if applicable) _____

Are you related/close to any Director or senior staff? YES/NO

Do you have a car for your personal use? YES/NO

Do you have a full driving licence? YES/NO

DECLARATION

The information contained in this application form is true, correct and complete. I understand that any misrepresentation may invalidate my application/employment arrangements. Please note that all appointments are subject to medical clearance.

Signed.....

Date.....

**Delete as applicable*

EMPLOYMENT HISTORY

Employment History <small>(Start with your most recent employment)</small>	Start Date	Finish Date	Position	Reason for Leaving
Company Name Address Main Duties				Contract Hours Salary £
Company Name Address Main Duties				Contract Hours Salary £
Company Name Address Main Duties				Contract Hours Salary £
Company Name Address Main Duties				Contract Hours Salary £

Please continue on separate sheet if applicable

EDUCATION HISTORY

College/University	Qualification Obtained	Date Awarded
Address	Membership No: <i>(if applicable)</i>	
Address	Membership No: <i>(if applicable)</i>	
Address		

EDUCATION HISTORY (Continued)

SCHOOL ATTENDED (Include only Secondary Education)	QUALIFICATIONS OBTAINED	DATE AWARDED
Address		
Address		

REFERENCES

Please provide two names and addresses of people (not relatives) who have consented to be approached for a reference.

One of these must be your present (or previous employer if you are not presently employed).

Name	Name
Address	Address
Telephone	Telephone
Position	Position

May we approach these referees prior to interview? YES / NO

Were you known by any other name by these referees? YES / NO

If "YES" please state name _____

FURTHER INFORMATION

You are requested to detail below your reasons for applying for this post, the qualities you can bring to the hospice, together with any other relevant experience, studies or information, etc. in support of your application. It is important that you demonstrate how well you fit the Person Specification for the job applied for. Please use a continuation sheet if necessary.

RECRUITMENT POLICY

It is this company's policy to employ the best candidates and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, national origin or gender.

ADDITIONAL PERSONAL DETAILS

Please indicate your Ethnic Group

White Black African Black Caribbean Indian Pakistani Chinese
Other please specify _____

National Insurance No _____

REHABILITATION OF OFFENDERS ACT 1974

You are asked to note the following paragraph carefully and provide any necessary information.

Because of the nature of the work you are applying for, the post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (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, and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Trust. Any information given will be completely confidential and will be considered only in relation to an application for the positions to which the Order applies.

Have you ever been convicted of a criminal offence or received a police caution in the U.K. or any other country? **YES / NO**

If "YES" please give details on a separate sheet, place in a sealed envelope and attach it firmly to this application.

Do you have any objection to undergoing a Police Check if you are successful in applying for this post? **YES / NO**

Are you or have you been the subject of a fitness to practice proceedings by any licensing or regulatory body? **YES/NO**

If "YES" please give details on a separate sheet, place in a sealed envelope and attach it firmly to this application.

FOR OFFICE USE ONLY

Job Offered	
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NI Number Confirmed	
P45/P46	
Start Date	
NHS Pension Scheme Member	
Agreed Pay Scale	
Agreed Pay Point	
Contract Hours	
References Taken	1 2
Driving License	
Birth Certificate	
CRB Status	
Professional Pin Number	

Admin/Staff/Application Form UPDATED FEB 06