

**JOB APPLICATION FORM**

Thank you for your interest in working at Overgate Hospice. Please complete the below form fully and return to HR@overgatehospice.nhs.uk

**PART A**

*Please note that Part A of your completed application form will be removed before your application is passed to the recruiting manager for the short-listing process.*

|  |  |
| --- | --- |
| Position applying for: |  |
| Overgate Ref (office use) |  |

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Title: |  |
| Forename (s): |  |
| Surname: |  |
| Address:  |  |
| Post Code: |  |
| Email Address: |  |
| Contact Telephone Number: |  |
| Nurses PIN: (if applicable) |  |

**EQUAL OPPORTUNITIES MONITORING**

To ensure compliance with our Equal Opportunities Policy, we ask that you complete the following questions. Answering these questions is optional but if you do choose to answer them, they will used solely by the Human Resources department for the purpose of equal opportunities monitoring.

|  |  |
| --- | --- |
| Gender: |  |
| Marital Status: |  |
| Date of Birth: |  |
| Sexual Orientation: |  |
| Ethnicity: |  |
| Religion: |  |
| Do you consider yourself to have a disability? |  |

**PART B**

**EMPLOYMENT HISTORY**

*Please include your employment history for the last five years*

|  |  |
| --- | --- |
| Job Title: |  |
| Company Name: |  |
| Address: |  |
| Start Date: |  |
| Finish Date: |  |
| Contract Hours: |  |
| Salary: |  |
| Main Duties: |  |
| Reason for leaving: |  |

|  |  |
| --- | --- |
| Job Title: |  |
| Company Name: |  |
| Address: |  |
| Start Date: |  |
| Finish Date: |  |
| Contract Hours: |  |
| Salary: |  |
| Main Duties: |  |
| Reason for leaving: |  |

|  |  |
| --- | --- |
| Job Title: |  |
| Company Name: |  |
| Address: |  |
| Start Date: |  |
| Finish Date: |  |
| Contract Hours: |  |
| Salary: |  |
| Main Duties: |  |
| Reason for leaving: |  |

**EDUCATION HISTORY**

|  |  |
| --- | --- |
| College/University: |  |
| Address: |  |
| Qualifications obtained: |  |
| Date awarded: |  |
| Membership No:*(If applicable)* |  |

|  |  |
| --- | --- |
| College/University: |  |
| Address: |  |
| Qualifications obtained: |  |
| Date awarded: |  |
| Membership No:*(If applicable)* |  |

|  |  |
| --- | --- |
| School attended: |  |
| Address: |  |
| Qualifications obtained: |  |
| Date awarded: |  |
| Membership No:*(If applicable)* |  |

**SUPPORTING STATEMENT**

Please provide a supporting statement below. Please detail your reasons for applying for this post, the qualities you can bring to the Hospice and any other relevant experience, studies or information to support your application. It is important that you demonstrate how well you fit the Person Specification for the job you are applying for. Please continue on a separate sheet if necessary.

|  |
| --- |
|  |

**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 employer or previous employer if you are not currently employed.

**Referee 1 (Current Employer/most recent)**

|  |  |
| --- | --- |
| Full Name: |  |
| Address: |  |
| Telephone Number: |  |
| Email Address: |  |
| Position: |  |

**Referee 2**

|  |  |
| --- | --- |
| Full Name: |  |
| Address: |  |
| Telephone Number: |  |
| Email Address: |  |
| Position: |  |

|  |  |
| --- | --- |
| May we approach these referees prior to interview?  | YES/NO |
| Were you know by any other name to these referees?*(If yes, please provide the name)* | YES/NO |

**ADDITIONAL PERSONAL DETAILS**

|  |  |
| --- | --- |
| Have you been fully vaccinated against Covid-19?  | YES/NO |

|  |  |
| --- | --- |
| Do you have a car for your personal use? | YES/NO |
| Do you have a full driving licence? *For fundraising/retail roles only* |  |

|  |  |
| --- | --- |
| If successful in your application, when would you be able to start/what is your notice period with your current employer?  |  |
| Please list any dates you are NOT available for interview: |  |

|  |  |
| --- | --- |
| Do you have the right to take up employment in the UK?  | YES/NO |

**REHABILITATION OF OFFENDERS ACT 1974**

Any offer of employment made may be subject to a disclosure check being carried out by the Disclosure and Barring Service (DBS) For more information contact the DBS on 0870 909 0811 or visit: www.homeoffice.gov.uk/dbs. You are therefore asked to note the following paragraph carefully and provide any necessary information.

Please note that the Rehabilitation of Offenders Act 1974 (Exceptions) Order provides that individuals who have certain occupations or professions are obliged on request to disclose any spent convictions or cautions and that they may be refused employment, or dismissed or excluded from such employment, because of such a conviction or caution, or because of a failure to disclose such a conviction or caution. In these cases, the employer can ask job applicants about both spent and unspent convictions or cautions, and the individual would then be obliged to disclose them all.

|  |  |
| --- | --- |
| Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198? *Please* [*click here*](http://www.legislation.gov.uk/uksi/2013/1198/pdfs/uksi_20131198_en/pdf) *for guidance when answering this question.*  | YES/NO |
| Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with the current guidance? *Please* [*click here*](http://www.gov.uk/government/publications/dbs-filtering-guidance) *for guidance when answering this question* | YES/NO |
| Do you have any objection to undergoing a Police Check if you are successful in applying for this post?  | YES/NO |
| Have you ever been convicted of a criminal offence or received a police caution in the U.K. or any other country?  | 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 you have answered ‘YES’ to one or more of the previous two questions please give details on a separate sheet, place in a sealed envelope and pass it to the Head of HR at interview stage.

|  |  |
| --- | --- |
| If you reach the next stage of the assessment process, do you require any reasonable adjustments (for example wheelchair access, disabled car parking, large print, braille etc.) to be made in order for you to attend an interview? If yes, please provide details. *Please note: this information will be used solely to support you during the assessment process and not to determine your suitability for the role.*  | YES/NO |

**GENERAL DATA PROTECTION REGULATIONS**

The Hospice need to collect and hold data about you to enable us to process your job application. The GDPR place~~s~~ an obligation on employers to tell job applicants in more detail why we collect your data, what we do with it, and how long we expect to retain it. We are not planning to transfer your data outside the EEA.

**Your consent is requested**

We would like your consent to hold personal and special data about you in order that we can process your employment application. The data we wish to obtain and hold includes, but is not limited to:

|  |  |  |
| --- | --- | --- |
| **Type of Date** | **Why we wish to hold it** | **How long it will be kept for** |
| Personal detailsEmployment historyEducation historyRefereesDetails of any convictions, cautions, reprimands, or final warningsDetails of any fitness to practice proceedings | This will allow us to make a decision on your suitability for employment/engagement | Data obtained during recruitment will only be kept until either:* your application has been declined, in which case it will be destroyed after 6 months
* a job offer is made, in which case a more comprehensive GDPR consent form will be issued
 |

**Agreement to use my Data**

I hereby freely give Overgate Hospice consent to use and process my personal data relating to my job application (examples of which are listed above).

In giving my consent:

• I understand that I can ask to see this data to check its accuracy at any time via a subject access request (SAR).

• I understand that I can ask for a copy of my personal data held about me at any time, and this request is free of charge.

• I understand that I can request that data that is no longer required to be held is removed from my file and destroyed.

• I understand that if I am unsuccessful with my application my data will be destroyed after 6 months.

• I understand that if I am dissatisfied with how the Hospice uses my data I can make a complaint to the government body in charge (Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or at www.ICO.org.uk)

**DECLARATION**

The information contained in this application form is true, correct and complete. I understand that any misrepresentation may invalidate my application and/or any offer of employment made

Please note that all appointments are subject to satisfactory references being received, medical clearance and DBS checks if required, and proof of qualifications or other information required for the post

|  |  |
| --- | --- |
| Signature: | Date: |
|  |  |