



Norfolk Hospice, Tapping House
 Common Road West
 Snettisham, King's Lynn, Norfolk PE31 7PF
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 Email: Tom.fhoward@norfolkospice.org.uk

EMPLOYMENT APPLICATION FORM

Please complete the whole form in black ink

Position applied for Date:

Where did you hear about the post:

Section 1. Personal Details

Title:

Surname:..... First Names:

Address

.....

..... Post Code

Home Telephone Work Telephone

Mobile No E-mail address

Do you have a current driving licence? YES/NO

Section 2 References

Please give the names of two people who are able to provide references relating to your work experience and your suitability for the post applied for. One referee should be your current or most recent employer. References from family or friends are **NOT** acceptable.

Name Name.....

Position..... Position

Company Name Company Name

Address Address.....

.....

.....

Telephone Telephone

E-Mail E-Mail

Can we approach before interview YES/NO Can we approach before interview YES/NO

Section 3. Do you have a health problem or a disability of which you would like us to be aware in relation to the duties in this particular job?

Are there any facilities you require to enable you to attend or perform well at interview?

Sickness Record: Number of days absence due to sickness and how many occasions during last 2 years.

.....

Section 4. Criminal Convictions

Because of the nature of the job for which you are applying, this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. You must disclose any criminal convictions, however long ago these occurred, if the application is to proceed.

In addition to the above, The Norfolk Hospice uses the Criminal Records Bureau (CRB) Disclosure Service to help assess the suitability of applicants applying for positions of trust. The appointment to some Hospice posts will be made subject to standard or enhanced disclosure. The accompanying documentation for the post confirms the appropriate level of disclosure that will be required. If you are shortlisted for interview you will be asked to complete a self-declaration form, providing details of any previous, current or pending convictions.

Under the rules of the National Care Standards Commission all new recruits are routinely screened by the Criminal Records Bureau. Any appointment is conditional upon receiving satisfactory clearance. Failure to receive this clearance, or any discrepancy in information declared on the application form, may lead to the withdrawal of any offer or to summary dismissal.

Have you any criminal convictions? YES / NO

If yes, please give details and dates:

Section 5. Present/Last Employer

Name & Address of Employer.....

.....

Position Held:

From: To: Salary:

Nature of Business (if not NHS) Notice required:

Reason for Leaving:

.....

Please summarise your main duties.

Section 6. Previous Employment (Last 10 years with most recent first)

Employer & Post	Responsibilities	Full/ Part time	Dates in this Employment	Reason for Leaving

Section 7. Education, Qualifications and Professional Memberships

Please tell us about your secondary and any higher education including all qualifications. We would be interested to hear about any professional bodies that you are a member of and any vocational training which you have completed that may be relevant.

Dates	Educational Establishment	Course	Qualifications Awarded

Membership of Professional Bodies

.....

Professional Registration No:

NMC No (if applicable)

If offered this post would you continue to work in any other capacity? (give details)

.....

PLEASE NOTE:

The Norfolk Hospice, will collect, store and use the information provided by you on this application form for recruitment and selection purposes. You have the right to ask to see this data if you wish. (You are informed of this right in accordance with the requirements of current data protection legislation).

Section 8. Supporting Statement

Please use the space below to express how you believe you match up to the role outlined in the job description and qualities described in the person specification. You should detail your skills and experience.

Continue on a separate sheet if necessary include your name on all additional sheets.

Section 9. Declaration

I declare that the information which I have given in this application form is true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, this may lead to dismissal from employment with The Norfolk Hospice, Tapping House.

Signature of Applicant Date: