



Cornwall Hospice Care
Caring for our community

Please complete this form in capital letters.

APPLICATION FOR THE POST OF:

Site: Mount Edgumbe St Julia's Other (please tick)

Surname: **Dr/Mr/Mrs/Miss/Other**

First Name(s):

Address:

.....

..... **Postcode:**

Home Telephone:

Work Telephone:

Car available YES / NO

Current Driving Licence. YES / NO

Are you related or closely involved with any member of staff or other person directly connected in any other capacity, to Cornwall Hospice Care

YES/NO

| Present Employment (note 1) | | |
|---|--|---------------------------|
| Name and Address of Current Employer | Job Title and Brief Description of Duties | Reason for Leaving |
| | | |
| Date started | Current Salary | Period of Notice |
| | | |

| Professional Qualifications/ Membership | | | |
|--|----------------------------|---|--|
| Qualification | Date Obtained | Award/Statuary Body | Registration No/Pin No and Renewal Date |
| | | | |
| | | | |
| | | | |
| | | | |
| GENERAL EDUCATION (note 2) | | FURTHER EDUCATION/FORMAL TRAINING | |
| Subject | Level /Grade | College/University School of Nursing | Qualification Obtained |
| | | | |
| EMPLOYMENT HISTORY (note 3) please account for any gaps in employment | | | |
| Employer and Date of Employment | Post held and Grade | | Reasons for leaving |
| | | | |
| | | | |
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| | | | |
| | | | Please use a continuation sheet |

ADDITIONAL INFORMATION

Please give details of any particular experience; Special interests or qualities that you feel are appropriate to the post for which you are applying.

Please use a continuation sheet

REFERENCE Please give your CURRENT or Previous Employer as No 1 reference (SEE NOTE 4)

1

2

Occupation

Occupation

Telephone No

Telephone No

References will not be taken up prior to interview.

Rehabilitation of Offenders Act

By virtue of the Rehabilitation of Offenders Act 1974(Exceptions) Order 1975 the provision of Section 4.2 of the Rehabilitation of Offenders Act 1974 does not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Your answer to the following question should, therefore, include any convictions, which are spent.

Have you ever been convicted of a criminal offence? YES/NO
If so please give details

Having a criminal record will not necessarily bar you from working with us.

I hereby declare that I have read the notes and that the details given above are, to the best of my knowledge, true. I know of no health reasons, which could prevent me from undertaking the duties of the post for which I am applying.

SIGNATURE OF APPLICANT **DATE**

GUIDANCE NOTES WHICH SHOULD BE READ BEFORE COMPLETING THE APPLICANT FORM

This application form has been designed to provide the Head of Department/Manager with sufficient basic information to carry out a preliminary assessment of your suitability for the post. The Managers involved in the appointment will treat all information given in CONFIDENCE.

SHOULD YOU REQUIRE EXTRA SPACE TO COMPLETE ANY SECTION, PLEASE CONTINUE ON A SEPARATE SHEET.

NOTES

- 1 PRESENT EMPLOYMENT** applicants should give details of their salary range or wages. Please indicate whether full or part time hourly rate of pay – if currently unemployed please state.
- 2 GENERAL EDUCATION** Please give details of GCSE/GCE 'O' Levels, CSE Standard or equivalent and GCE 'A' Levels Standard or Equivalent.
- 3 PREVIOUS EMPLOYMENT** Please give the name of your previous employers. Your position held, whether full or part time and for how long. If you have been unemployed please give details of your last relevant experience. School leavers and students should give details of any part time or holiday jobs undertaken. Please account for any gaps in Employment
- 4 REFERENCES** Please give the names and addresses of **two employment referees**, including job title and telephone numbers if possible, who can be expected to provide relevant comments on your ability to carry out the post for you have applied. At least one should be your **present or last employer** (School or College) whose reference will be required before an offer of employment is made. We will not normally accept **personal** or **character** references.
- 5 EQUAL OPPORTUNITIES POLICY** Cornwall Hospice Care Ltd is committed to this equal opportunities policy. We will ensure that job applicants and current staff are treated fairly regardless of their sex, marital status, colour, ethnic origin, nationality or disability and that they are not at a disadvantage because of job conditions or requirements which cannot be justified. Selection procedures will be kept under review to ensure that people are selected, promoted and treated on their merits and abilities; this means employing the best person for the job to provide the best service to all the patients.
- 6 MEDICAL** Candidates short listed for interview will be required to complete a Confidential Declaration of Health Questionnaire.
- 7 CRB Disclosures** Successful candidates will be required to complete a disclosure application form and produce personal identification documents.

If you have any special requirements tell us about any adjustments we may need to make to assist you at interview.
Cornwall Hospice Care operates a SMOKE FREE POLICY throughout all its premises, site and vehicles

PLEASE RETURN THE COMPLETED APPLICATION FORM TO THE ADDRESS BELOW:

**Cornwall Hospice Care
Mount Edgcumbe
Porthpean Road
St Austell
PL26 6AB**

Tel: 01726 65711

Reg Charity No.1113140