



Post:-
 Closing Date:-
 Site:-.

Please complete the Application Form and supply the information requested by filling in all sections of this form. Please do not write 'see C.V.' in any section, although you are encouraged to send a C.V. to supplement the information given on the form.

Surname: -		Title: -		Other Names: (Please underline the name by which you wish to be known)				
Home Address: -		Home Telephone						
		Mobile Number						
		Business Telephone						
		May we contact you there?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
		E-mail						
		May we contact you there?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Correspondence Address (if different from above)		Do you have a disability or condition which the Hospice should consider either during selection or when employed?						
		Have you a current driving licence?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
		Class of Licence		Full	<input type="checkbox"/>	Prov.	<input type="checkbox"/>	<input type="checkbox"/>
		Do you have the use of your own transport?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
National Insurance Number:								
If offered this post, how much notice are you required to give (if you are not in employment when would you be free to start)?		If appointed, under the Asylum and Immigration Act 1996, you will need to provide documentary evidence of your National Insurance number, or, if you do not have one, evidence that you have current and valid permission to work in the U.K.						

References

Please give details of two people, one of whom must be your present or most recent employer, from whom confidential references may be obtained. If you are shortlisted these may be requested before interview, if you do not wish us to contact a referee prior to the interview please place an "X" in the right hand column. Friends or family are not accepted as referees.

Reference 1

Name	Occupation	Address and telephone number	Do Not Contact
		Email:	<input type="checkbox"/>

Reference 2

Name	Occupation	Address and telephone number	Do Not Contact
		Email:	<input type="checkbox"/>

Education and Training

Secondary Education

From	To	School(s)	Examinations taken and grades obtained

Further/Higher/Professional Education (Hospital/University/College etc)

From	To	Hospital/University/College	Examinations taken and grades obtained (if applicable)

Membership of Professional Bodies (and whether achieved by examination or experience). State whether you have ever been under investigation by a Professional Body (please provide details on a separate sheet).

Date	Details

If applying for a position requiring professional registration please provide registration details (e.g. PIN for nurses)

Registration Details	Expiry dates

Short and Part-Time Courses (including any relevant in-house or in-service training)

Date	Details

Other Skills and specialisms (including languages and your proficiency in them; computer skills, keyboard, audio and shorthand speeds etc)

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What activities outside work interest you (including any position you hold you consider relevant)?

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Employment History

Present / most recent employment

Name & address of present or most recent employer						Employer's Business			
						Position Held			
Date started		Date left		Hours of work		Salary		Other benefits	
Write a brief description of your present duties/responsibilities:									
Why are you leaving or why have you left this employer?									

Previous employment (most recent first)

Dates		Name, location and nature of employer's business	Position held	Reason for leaving
From	To			

Reason for Application

Please say why you are applying for this position, outline aspects of your experience and give details of any particular achievements which you consider relevant to this application (a continuation sheet may be attached)

Where did you hear of this vacancy?

Rehabilitation of Offenders Act 1974 - Under the provisions of the Rehabilitation of Offenders Act 1974 (Amendment Order 1986) the Pilgrims Hospice has the right to request a criminal records check for possible criminal convictions for all applicants. Posts within the Pilgrims Hospice are exempt from the provisions of the Act and applicants are not entitled to withhold information concerning any convictions even if they are believed to be "spent". In this connection please indicate: if you have been convicted, cautioned or found guilty of any offence by any Court (even if you were only placed on probation, absolutely or conditionally discharged, or bound over by a Court of Law) and if so, give details below of Court, charge and sentence. (Answering 'yes' does not necessarily bar you from appointment. Every application is considered on its own merits).

Are you related to any member of the Pilgrims Hospice's Staff or Board of Trustees?

YES

NO

If so please state who: -

I certify that to the best of my knowledge the information provided in this application is true and correct and understand that future employment with Pilgrims Hospices in East Kent may be at risk if I falsify or fail to disclose requested information. (Electronic submissions will be deemed to be signed when you type your name in the signature box)

Signed: -

Dated: -

Data Protection Statement

The information that you provide will be used by Pilgrims Hospices in East Kent to fulfill its statutory and organisational requirements and in accordance with the Data Protection Act 1998.