

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.

Post: -		Site: -		Closing Date: -		
Surname: -		Title: -		Other Names:		
Home Address: -		Home Telephone				
		Mobile Number				
		Business Telephone				
		May we contact you there?		Yes	No	
		E-mail				
		May we contact you there?		Yes	No	
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	No	
		Class of Licence		Full	Prov.	
		Do you have the use of your own transport?		Yes	No	
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)?				
Do you need a UK work permit to do this job under the terms of the Immigration and Asylum Act 1996? (please tick)						
No I do not need a UK work permit						
No, I have a training and work experience permit						
Yes, I need a UK work permit						

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
		Address: Post Code: Email:	<input style="width: 30px; height: 30px;" type="checkbox"/>

Reference 2

Name	Occupation	Address and telephone number	Do Not Contact
		Address: Post Code: 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

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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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?									

Date		Name, Location and nature of employers 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?

Criminal Record

A person's criminal record will not, in itself, prevent that person from being appointed to this role. Any information given will be treated in the strictest confidence. Suitable applicants will not be refused roles because of offences which are not relevant to the role and which do not make them a risk in the role for which they are applying.

Do you have any unspent convictions? ☐ Yes ☐ No

Roles Exempt from the Rehabilitation of Offenders Act 1974:

ONLY answer the declaration below if the role you're applying for is exempt from the Rehabilitation of Offenders Act 1974 (please check the advert to see if this applies).

The role you are applying for is 'exempt' from the Rehabilitation of Offenders Act 1974 and therefore you are required to declare any convictions, cautions, reprimands and final warnings that are not "protected" (i.e. filtered out) as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013). For further information on filtering please refer to Nacro [guidance](#) and DBS [website](#).

Exempt declaration: Do you have any convictions, cautions, reprimands or final warnings which are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? ☐ Yes ☐ No

Further advice and guidance on disclosing a criminal record can be obtained from [Nacro](#), the national crime reduction charity.

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.

Continuation Sheet

Please use this sheet if you need more space or want to provide additional information: -

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Equal Opportunities Monitoring Form – Employees

This form does not form part of the selection process and will be detached on receipt of the application and held confidentially and in accordance with requirements of the Data Protection Act 1998.

Pilgrims Hospices are committed to the operation of employment procedures and condition that provide for equal opportunities. We use this anonymous information to understand who is applying for employment with Pilgrims Hospices and to ensure the effectiveness of our Equal Opportunities Policy.

Disability – the Equality Act 2010 defines a disability as a physical or mental impairment that has a ‘substantial’ and ‘long – term’ negative effect on your ability to do normal daily activities.

1. Do you consider that you have a condition (medical or otherwise) which would be likely to have an effect on your ability to undertake your employment?

☐ No ☐ Yes

If yes - please advise us of what, if any, reasonable adjustments you would need to enable you to perform effectively at a selection event or in subsequent volunteering.

2. What is your nationality?

3. What is your ethnic origin?

White

- ☐ British or Mixed British
- ☐ English
- ☐ Northern Irish
- ☐ Scottish
- ☐ Welsh
- ☐ Any other - please state
- ☐ Prefer not to say

Asian or Asian British

- ☐ Pakistan
- ☐ Indian
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other - please state
- ☐ Prefer not to say

Black or Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other - please state
- ☐ Prefer not to say

Mixed

- ☐ White and Black Caribbean
- ☐ White and Asian
- ☐ White and Black African
- ☐ Any other please state
- ☐ Prefer not to say

☐ **Other ethnic group,** please state:

4. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Prefer not to say

Gender identity

Have you ever identified as a transgender person or trans person? (for the purpose of this question, ‘transgender’ is defined as an individual who lives, or wants to live, full-time in the gender opposite to that which they were assigned at birth)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

5. What is your age?

6. To which religion/belief group to you belong?

- | | | | |
|------------------------------------|---|---|--|
| <input type="checkbox"/> Baha'i | <input type="checkbox"/> Islam (Muslim) | <input type="checkbox"/> Rastafarianism | <input type="checkbox"/> None |
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> Jainism | <input type="checkbox"/> Sikhism | <input type="checkbox"/> Other |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Judaism | <input type="checkbox"/> Zoroastrian | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hinduism | <input type="checkbox"/> Pagan | | |

Thank you for completing this form