

Lansdowne House, St Peters Way, Harlington, Middlesex, UB3 5AB

**Phone**: 020 8759 0453

**Website:** www.harlingtonhospice.org

**APPLICATION FOR EMPLOYMENT IN CONFIDENCE**

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| **Personal Details** | |
| Post Applied For |  |
| Where did you hear of this vacancy? |  |
| Are you related to an employee of the Harlington Hospice Association: YES / NO | |
| **Forenames** | **Surname & Title (Prof/Dr/Mr/Miss/Ms/Other)** |
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| **Present Address** | **Permanent Address ( if different )** |
| Post Code: | Post Code: |
| **Telephone / Other Contact Details** |  |
| Home Tel: | Mobile: |
| Work Tel: | E-mail: |
| May we contact you at work  YES / NO (Please circle) | (Please circle) **YES / NO**  Are you eligible to work in the UK? YES / NO  Do you require a work permit? YES / NO  Do you require further leave to  remain in the UK? YES / NO |

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| **Academic Record** | | | |
| Details of school attended, examinations passed and other qualifications | | | Dates |
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| Name of University, Colleges(s), Further Education | Dates | Full details of qualification obtained  (Including Classification, if relevant) | |

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| **Professional Record** | |
| Occupational training/job related courses ( Name of course & content) | Dates |
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| Membership of Professional Bodies | Dates |

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| **Full Employment History (Please explain any gaps in your employment)** | | | | | | | |
| Name & address of  Present / last employer | | Dates  From/ To | | Salary | Job title | | Reason for leaving |
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| Brief summary of responsibilities | | | | | | | |
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| Previous Employers  (please continue on separate sheet if necessary) | Dates From/ To | | Position & responsibilities | | | Reasons for leaving | |
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| ADDITIONAL INFORMATION |
| Please indicate why you are applying for this post and what particular skills and qualities you would bring to the job. ( Please continue on a separate sheet if necessary) |

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| Do you have a current driving license? YES / NO |

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| Have you a disability\* which requires the provision of specific facilities at interview or for work?  If so, is there anything we could do to assist you? Please give details.  *(\*we are using the word `disability` to include people with obvious disabilities and those with invisible disabilities or persistent health problems)* |

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| **Rehabilitation of offenders Act 1974 ( Exception ) Order 1975**  If the job that you are applying for involves working with or has access to children or vulnerable adults or their records, we will require an enhanced disclosure from the Disclosure and Barring Service and need to have information from you regarding any previous, existing or pending convictions or cautions. If the advert and/or job description states that the job is exempt from the Rehabilitation of Offenders Act, you are not entitled to withhold information even if you have a conviction, which would normally be considered `spent`. Failure to disclose any of the information mentioned above could result in withdrawal of the job offer, dismissal or disciplinary action by the Harlington Hospice Association  Any information given will be treated confidentially  Please answer Q1 and Q2:     1. Have you ever been cautioned or convicted for a criminal offence? YES/NO 2. Have you ever been disqualified from working with children or vulnerable adults? YES/NO   If you have answered `Yes` to either of the questions; please provide details below |

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| **TWO REFERENCES**  Please give names and addresses of two referees (who should not be related to you) who may be approached in connection with your application with your application. The first must be your current or most recent employer | |
| Name:  Address:  e-mail Address:  Capacity Known To You: | |
| May we request a reference prior to interview? (please circle that applies) | YES NO |
| Name:  Address:  e-mail Address:  Capacity Known To You: | |
| May we request a reference prior to interview? (please circle that applies) | YES NO |

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| DECLARATION |
| I declare that the information given on all parts of this application form, and in any CV which accompanies it, is to the best of my knowledge, correct. I understand that giving false information will make my application unacceptable and, if I am appointed, lead to my dismissal.  I accept that:   * If I am appointed, the information of this form may be used, in accordance with Schedule 2 of the Data protection Act 1998, to form a part of my permanent personal record. * The information in the Equal Opportunities Monitoring form which accompanies this form will be used in accordance with Schedule 3 of the Data Protection Act 1998 to identify and review the equality of the treatment between individuals with a view enabling such equality to be promoted and maintained. It will not be seen by those who are responsible for making selection decisions.   Signature: Date: |