

APPLICATION FORM - ACCORD Hospice



Charity No SC013682
ADULTS AT RISK

Paid Position **Volunteering Position** **Position applied for**

Please complete with black ink and block capitals. This form will be kept in confidence when completed and returned to us

SECTION A: Your personal details

First Name:	Surname:
Name known by if different:	Title:
Address:	
Postcode:	
Telephone Number:	Mobile Number:

SECTION B: Your present or most recent employment/voluntary work (If necessary use a separate sheet)

Job Title:	Grade:
Employer:	
Dates employed started and (if applicable) finished:	
Reason for leaving (if applicable):	
Notice period:	Current/most recent salary:

Summary of role and responsibilities:

Employment / Volunteering History: List your most recent job first the work down page

Job title and Grade	Employer	Dates from	Dates to

SECTION C: References - Please give the name and contact details of two suitable referees, which will include your present or most recent employer. At least one should have knowledge of any previous work you may have undertaken with adults at risk/vulnerable adults.

Note that references will only be taken up for preferred candidates following interview.

If for a volunteering position ONE personal reference acceptable.

Name:	Name:
Designation:	Designation:
Capacity in which known:	Capacity in which known:
Address (including postcode):	Address (including postcode):
Telephone No:	Telephone No:

Section D: Health

Please give details of the number of episodes and total days of sickness absence in the last 12 months	
Number of episodes:	Total days:

Section E: Statement in Support of Application

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SECTION F: Details of qualifications, relevant courses and professional registration body information.

<p>Qualifications and relevant course(s)</p>	<p>Dates</p>
<p>Professional registration (NMC, GMC)</p>	

SECTION G: Vetting Procedures

If working in a position with direct patient contact (e.g. in hospice or driving patient’s) this post will require completion of a **Self Declaration Form** and a **Enhanced Disclosure Application Form**. Disclosure checks will only be requested for those applicants that we wish to appoint.

- (i) **Self Declaration Form:** Please confirm that you have completed the Self Declaration form and returned it to us in a sealed envelope clearly marked “Self Declaration Form”. This Self Declaration Form will only be opened in the event of you being considered for an interview.

Please Tick

- (ii) **Disclosure Check:** Please confirm that you understand and agree to a Disclosure check should we wish to appoint you to a post considered to be a Adults at Risk position.

Please Tick

SECTION H: Declaration

I confirm that the information I have given in this form is accurate and truthful.

Signed **Date**

Thank you for completing this application form. Please return it to the name and address given below:

The information you give us in this form will be treated in the strictest confidence.

Equal Opportunities Monitoring

We want to ensure that our positions are open to all. The only way we can ensure there is equal opportunity is to monitor application we receive and compare the profile of people who apply to those appointed. **The information you provide is confidential and is not used in the selection process.**

You are: Female Male

What is your age? I am _____ years old and my date of birth is __ / __ / _____

Do you have a physical or mental health condition or disability that

- has a substantial effect on your ability to carry out day to day activities?
- has lasted or is expected to last 12 months or more

Yes No Prefer not to say

- if you answered yes please tick if it is either of the following

Learning Disability Physical impairment
Long standing illness Sensory impairment
Mental health condition
Other (please describe)

- Again, if yes please describe any particular arrangements you would need for your work location:

What is your ethnic group? Choose one section then tick a box to indicate your cultural background

A: White Scottish Irish Other British Any other White background

B: Mixed Any mixed background

C: Asian; Asian Scottish; Asian British

Pakistani Indian Chinese
 Bangladeshi Any other Asian background

D: Black; Black Scottish; Black British

Caribbean African Any other Black background

E: Other ethnic background Any other background

F: prefer not to answer

Thank you

d) Has any other organisation(s) supported you to work through any of the above issues?

e) What have you learned from the experience?

Section 2 : Non-conviction relevant information:

Section 3

Declaration (I certify that all information contained in this form is true and correct to the best of my knowledge and realise that false information or omissions may lead to dismissal).

Signature: _____ **Date:** _____

NOTE: The information given in this form will be treated in the strictest confidence. Please seal this form in the addressed envelope provided and return prior to your interview.

ACCORD Hospice – Volunteering Opportunities

Please tick areas of interest

WITHIN HOSPICE

				<i>Please Tick</i>
DAY HOSPICE	Assisting Patients	Monday - Friday	9.30 am - 3.00 pm	
IN PATIENT UNIT	Assisting Patients (trained volunteers only)		optional	
IN PATIENT UNIT	Clerical		9.00 am - 12.00 pm	
HAIRDRESSING SALON			9.30 am - 3.00 pm	
DIN. ROOM - DAY HOSPICE			12.00 pm - 1.30 pm	
TRANSPORT FOR PATIENTS				
GARDENING				
				<i>Please Tick</i>
RECEPTION	Monday - Friday		6.00 pm - 9.00 pm	
	Saturday / Sunday	9.00 am - 12.00 pm	12.00 pm - 3.00 pm	
		3.00 pm - 6.00 pm	6.00 pm - 9.00 pm	

SHOPS

<i>(Open Monday to Saturday)</i>		<i>Please Tick</i>		<i>Please Tick</i>
BARRHEAD	10.00 am - 1.00 pm		1.00 pm - 4.00 pm	
JOHNSTONE	10.00 am - 1.00 pm		1.00 pm - 4.00 pm	
PAISLEY <i>Broomlands Street</i>	10.00 am - 1.00 pm		1.00 pm - 4.00 pm	
PAISLEY <i>Causeyside Street</i>	10.00 am - 1.00 pm		1.00 pm - 4.00 pm	
PAISLEY <i>(Glasgow Road)</i>	10.00 am - 1.00 pm		1.00 pm - 4.00 pm	
RENFREW	10.00 am - 1.00 pm		1.00 pm - 4.00 pm	
PAISLEY CENTRE	9.00 am - 1.00 pm		1.00 pm - 5.30 pm	

FUNDRAISING

<i>Please Tick</i>		<i>Please Tick</i>	
HOUSE TO HOUSE COLLECTING		PACKING ENVELOPES	
STREET COLLECTING		FUN DAY / CHRISTMAS FAYRE	
SHOPPING CENTRE COLLECTING		FRIENDS GROUPS	

OTHER AREAS

<i>Please Tick</i>		<i>Please Tick</i>	
BEREAVEMENT SUPPORT		FLOWER ARRANGING	
(Counselling Experience Essential)		CRAFTS	

