

ACCORD Hospice CONFIDENTIAL APPLICATION FORM



Position Applied For:

Please type or write in CAPITAL LETTERS and black text or ink

1. PERSONAL

SURNAME		FIRST NAME(S)	
TITLE (Dr/Mr/Ms etc)			
PERMANENT ADDRESS			
POSTCODE			
WORK TELEPHONE		HOME TELEPHONE	
MOBILE TELEPHONE		EMAIL ADDRESS	
UK NATIONAL INSURANCE NO.		DO YOU HAVE A VALID/ FULL UK DRIVING LICENCE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you are successful in your application would you require a work permit to work in the UK? If YES, please provide details with your application		YES <input type="checkbox"/> NO <input type="checkbox"/>	

2. EDUCATION & PROFESSIONAL QUALIFICATIONS

PLACE OF STUDY	SUBJECT / QUALIFICATION	RESULT / GRADE	DATE OBTAINED (mm/yyyy)

3. TRAINING COURSES ATTENDED

(additional training/skills relevant to the post)

TRAINING PROVIDER	COURSE TITLE/ SUBJECT	DURATION	DATE COMPLETED (mm/yyyy)

4. REGISTRATION TO PRACTISE

(e.g. GMC, NMC, HPC for posts where there is a requirement to be registered with a governing body)

GOVERNING BODY	REGISTRATION TYPE/ STATUS	REGISTRATION/ PIN NUMBER	EXPIRY/ RENEWAL DATE

Do you currently have a "licence to practise" from a licensing or regulatory body in the UK?

YES NO

5. MEMBERSHIP OF PROFESSIONAL BODY OR ASSOCIATION

PROFESSIONAL BODY	MEMBERSHIP GRADE	MEMBERSHIP NUMBER/ STATUS	DATE OF ENTRY

6. PRESENT OR MOST RECENT EMPLOYMENT

EMPLOYER NAME &
ADDRESS

JOB TITLE	START DATE (mm/yyyy)	END DATE (if applicable)	WEEKLY HOURS	SALARY/ GRADE	NOTICE PERIOD

BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES

REASON FOR LEAVING/
SEEKING CHANGE

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7. PREVIOUS/OTHER EMPLOYMENT HISTORY

(Please start with most recent employment. Continue on separate sheet if necessary)

COMPANY/ ORGANISATION	POST HELD AND RESPONSIBILITIES/ DUTIES	DATE FROM	DATE TO	REASON FOR LEAVING

8. SUPPORTING STATEMENT

Please provide your reasons for applying for this position and additional information that shows how you match the person specification. For example, details of your achievements, relevant skills, knowledge, experience, voluntary activities, positions of responsibility, as well as research, publications, clinical care, clinical audit (if applicable), awards and language skills. If you believe you have the necessary experience and skills – make sure you tell us! You may in addition attach a CV.

Please continue on a separate sheet if necessary

9. REFERENCES

Please give the details of two referees who have consented to be approached and are qualified to comment on your ability and experience (one should be your current or most recent employer).

	1st Referee	2nd Referee
Name		
Position		
Organisation		
Address		
Postcode		
Telephone		

Email

Please note that references will only be taken up for preferred candidate following interview

10. HEALTH

Please state number of episodes of absence in the last 12 months

Please state number of days absence in the last 12 months in total

Please provide brief reasons for all absences due to sickness in last 12 months

11. REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS ORDER 1975)

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act **i.e. all convictions must be declared**. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Hospice. Any information given will be completely confidential and will be considered only in relation to an application for a position to which the Order applies.

Have you ever been convicted of a criminal offence, been bound over or cautioned or are currently the subject of proceedings which might lead to a conviction, an order binding you over or a caution, in the UK or any other country?

YES

NO

If YES, please provide details with your application

12. DECLARATION *Please read carefully before signing this declaration.

I understand that any appointment offered is subject to health clearance, confirmation of qualifications and professional registration, enhanced Disclosure Scotland (criminal records) check, and references, all of which must be deemed satisfactory by the Hospice. I hereby authorise you to carry out checks on all and any of my qualifications and/or registration from any establishment or employer and I give my consent to ACCORD Hospice processing the data supplied in this application form for the purpose of recruitment and selection.

I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or if I have already been appointed, I may be dismissed without notice. This applies equally to any medical questionnaire/forms I may complete.

SIGNED

DATE

Thank You

Please return your completed and signed application form with any other attachments to:

**Helen Simpson
Nursing Director
ACCORD Hospice
Morton Avenue
PAISLEY
PA2 7BW**

Tel: 0141 581 2000

helen.simpson@accord.org.uk

**www.accordhospice.org.uk
Charity No: SC 013862**

Date application received (office use only)

All information provided will be treated confidentially in accordance with the Data Protection Act 1998 and will be used for employment purposes. Information provided may be kept on an electronic or manual recording system.

Date implemented: March 2010

EQUAL OPPORTUNITIES MONITORING

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

A. What is your gender?

Female Male

B. What is your age?

I am ____ years old and my date of birth is __ / __ / ____

C. 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 answer

- if you answered yes, please tick if it is any of the following:

Learning disability Longstanding illness Mental Health Condition

Physical impairment Sensory impairment

Other (please describe):

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

D. What is your ethnic group?

Choose one section from 1 – 6 then tick a box to indicate your cultural background (describe if appropriate please)

1: White Scottish Irish Other British Other

2: Mixed Any mixed background

3: Asian; Asian Scottish; Asian British

Pakistani Indian Chinese Bangladeshi Other

4: Black; Black Scottish; Black British

Caribbean African Other

5. Other ethnic background

Any other background

6. Prefer not to answer

E. Which of the following best describes your sexual orientation?

Bisexual Gay Man Heterosexual

Lesbian/Gay Woman Other Prefer not to answer

Thank you