

Information provided on the Application for Employment form will be used only for the purpose of assessing your suitability for employment with Cornwall Hospice.

If you require more fields for information requested, such as Personal Qualifications / Membership, please provide this on a separate document using the same headings.

Please send the completed form along with a covering letter to peopleandculture@cornwallhospice.org or via post to: People & Culture, Mount Edgcumbe Hospice, Porthpean Road, St Austell, PL26 6AB

PERSONAL DETAILS (must be completed)			
Application for position:		Position location:	
Full name:		Email address:	
Mobile phone number:		Home phone number:	
Home address (incl. postcode):			
Available start date:		National Insurance No.	
Do you have a current right to work in the UK?	<input type="checkbox"/> Yes (please confirm which of the following applies) <input type="checkbox"/> British citizenship <input type="checkbox"/> Citizen of a country in the European Economic Area (EEA) with the exception of Croatia <input type="checkbox"/> Swiss National <input type="checkbox"/> Visa holder with work rights status. Please confirm the Visa type and expiry date: Unfortunately, we are unable to accept applications for employment without eligibility to work in the UK.		
Car available:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driving Licence number:	

PROFESSIONAL TRAINING / QUALIFICATIONS

Award / Qualification	Date completed	Statutory Body / Provider

EDUCATION

Subject	Level / Grade	School / College / University	Qualification & Date Obtained

PROFESSIONAL MEMBERSHIPS

Award / Statutory body	Membership Level	Registration / PIN	Qualification and Date Obtained

CURRENT EMPLOYMENT

Name and address of employer:		Job title:	
Brief description of duties:			
Date started:		Reason for leaving:	
Current salary:		Period of notice:	

PREVIOUS EMPLOYMENT (Please account for any gaps in employment)

Name and address of employer	Job title and Grade Band	Start and end dates of employment	Reason for leaving

ADDITIONAL EMPLOYMENT			
Please provide details of any other employment that you would continue with if you were successful in obtaining this role.			
ADDITIONAL INFORMATION			
Please provide details of your experience, skills, knowledge and personal attributes that are appropriate to the position for which you are applying.			
Are you related or in a relationship with any employee or other person connected to Cornwall Hospice Care?			<input type="checkbox"/> No <input type="checkbox"/> Yes, provide name and position of person
REREFERENCE DETAILS			
Please provide the details for two referees from whom we may obtain both work and character references. <i>Your referees will not be contacted until after an offer of employment with Cornwall Hospice Care has been made and accepted.</i>			
REFEREE 1 : (current / most recent employer)			
Referee's name:		Job title:	
Name of organisation:		Address:	
Contact phone number:		Email address:	

REFEREE 2:

Referee's name:		Job title:	
Name of organisation:		Address:	
Contact phone number:		Email address:	

DECLARATION
Rehabilitation of Offenders Act

By virtue of the Rehabilitation of Offenders Act 1974(Exceptions) Order 1975 the provision of Section 4.2 of the Rehabilitation of Offenders Act 1974 does not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Your answer to the following question should, therefore, include any convictions, which are spent.

Having a criminal record will not necessarily bar you from working with us.

Have you ever been convicted of a criminal offence?

- ☐ No
☐ Yes (please provide details below)

☐ By ticking this box, I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment offered. I understand that any offer of employment is subject to Cornwall Hospice Care being satisfied with the results of series of relevant checks including references, eligibility to work in the UK, criminal convictions, probationary period and a medical report (in line with the operation of the Equality Act 2010).

Signature of applicant:

Date:

Data Protection Statement

All of the information collected in this form is necessary and relevant to the performance of the job applied for. We will use the information provided by you on this form, by the referees you have noted, and the educational institutions with whom we may undertake to verify your qualifications with, for recruitment purposes only.

Cornwall Hospice Care will treat all personal information with the utmost confidentiality and in line with current data protection legislation.

Should you be successful in your application, the information provided, and further information which will be gathered at the relevant time, will be subsequently used for the administration of your employment and in relation to any legal challenge which may be made regarding our recruitment practices.

Completing the Application form

- **Previous employment** - If you have been unemployed, please provide details of your last relevant experience. School leavers and students should provide details of any part time or holiday jobs undertaken.

General notes

- **Medical** - Successful applicants will be required to complete a confidential Declaration of Health Questionnaire. Additional confidential information may be sought by our external Occupational Health provider.
- **Disclosure and Barring Service (DBS)** - Successful applicants will be required to complete a Disclosure and Barring Service form.
- **Notification** – Due to the high number of applications received, if you have not heard from us within 3 weeks of the closing date, please assume that your application has been unsuccessful.

Please inform us if you have any special requirements or adjustments that need to make to assist you at interview stage.