**EAST LANCASHIRE HOSPICE**

**Application Form**

**Post Applied for:** ……………………………………………...

**Closing Date:** …………………………………………………

**Where did you see this job advertised?** …………………….

…………………………………………………………………...



PLEASE RETURN THE COMPLETED APPLICATION FORM TO:

Head of Administration, East Lancashire Hospice, Park Lee Road Blackburn BB2 3NY

Please complete this form in full using black ink, continue any section on a separate sheet of paper if necessary writing the post applied for and reference number at the top of each sheet and numbering pages:

Title Mr / Mrs / Ms / Miss / Dr Surname: …………………………………………..

Forenames Telephone No: Mobile: ……………………………..

Address: Work: ………………… Home: ……………………

 Email address: ………………………………………

 Do you hold a current driving licence? Yes / No

 Are you presently a vehicle owner? Yes / No

GENERAL EDUCATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification** | **Level** | **Grade** | **Date Gained** |
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GENERAL EDUCATION CONTINUED

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| **Qualification** | **Level** | **Grade** | **Date Gained** |
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PROFESSIONAL QUALIFICATIONS

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| **Qualification** | **Level** | **Grade** | **Date Gained** |
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POST GRADUATE QUALIFICATIONS

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| **Qualification** | **Level** | **Grade** | **Date Gained** |
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ON-GOING STUDY RELEVANT TO THIS POST

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| --- | --- | --- | --- |
| **Course** | **Provider** | **Date Started** | **Date expected to complete** |
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DETAILS OF OTHER COURSES RELEVANT TO THIS POST

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| **Course** | **Provider** | **Date Attended** |
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| --- | --- |
| **Professional Body** |  |
| **Number:** | **Expiry Date** |  |

PIN number / professional registration

Have you ever been reported to your professional body? *(please tick)* Yes  No 

Do you require a permit to work in the UK?(please tick) Yes  No 

If yes please give permit number

EMPLOYMENT

Current employer / Last employer………………………………………………………………………………..

Address………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

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Post title…………………………………………… Grade………………………………………………………

Date commenced………………………………….. Date left……………………………………………………

Salary………………………………………………

Reason for leaving………………………………………………………………………………………………..

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Period of notice required………………………….

PREVIOUS POSTS

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Employer | Post Held | Dates from - to | Reason for leaving |
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SUPPORTING INFORMATION - please give a short description of your relevant knowledge, skills and experience to support your application for this post

REFERENCES

Please give two referees (not relatives). If you are currently employed one must be your present employer or last employer if not currently in employment. If you are a school leaver referees must be from your school or college. Both referees will be contacted after you have received your conditional offer of employment

Reference 2

Name ………………………………………………

Address ……………………………………………

…………………………………………………..………………………………………………………..

Postcode ………………………………………......

Telephone …………………………………………

Email ……………………………………………..

Relationship ………………………………………

Reference 1

Name ……………………………………………...

Address …………………………………………...

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Postcode …………………………………………..

Telephone …………………………………………

Email ……………………………………………...

Relationship ………………………………………

**DISCLOSURE OF CRIMINAL OFFENCES**

If the role for which you are applying involves regular, direct, unsupervised contact with people receiving health care the post is exempt from the Rehabilitation of Offenders Act 1974. This means that if you are successful at interview the hospice will request an enhanced DBS check via our umbrella organisation “Personnel Checks” as part of the pre-employment screening process. You will then be asked to complete an online form by “Personnel Checks” to progress the DBS check. For more information on how the hospice will deal with information disclosed via DBS checks please refer to our Statement on Secure Storage, Handling, Use, Retention and Disposal of Disclosures and Disclosure Information which is available on our website.

**PRIVACY NOTICE**

East Lancashire Hospice is committed to protecting your information and privacy. We only collect your personal data when you give it us directly or from other health and social care providers involved in supporting you or your family.

The information below provides an overview of how we comply with legislation and protect your information.

**PLEASE NOTE WE NEVER SELL YOUR INFORMATION ON TO THIRD PARTIES**

**YOUR RIGHTS**

* You have the **right to be informed** about how we collect and use your personal information

**This privacy notice sets out how we collect, use, protect, share, retain, archive and destroy personal information.**

* You have the right to access information we hold about you
* You have the right to request that any incorrect or incomplete information we hold about you is corrected and completed
* You have the right to request that personal information we hold about you is erased
* You have the right to request we restrict processing of your personal information
* You have the right to request the personal information we hold on you be provided in a format that allows you to transport this information to others
* You have the right to access any profiles we carry out using your personal information
* **You have the right to object to how we collect and use your personal information** except where we are legally obliged to for example
* If a serious crime has been committed
* If there is a risk to you or the general public
* To protect vulnerable children and adults
* Under a court order

**If you have any questions, concerns, want to exercise these rights or object to us processing your information please contact General Administration by:**

* **Telephone - 01254 287016**
* **Email –** **general.administration@eastlancshospice.org.uk**
* **Post – General Administration, East Lancashire Hospice, Park Lee Road, Blackburn BB2 3NY**

We process information on applicants to job vacancies and volunteer roles in order to ensure the effective management of their recruitment

**What information do we collect and use?**

We collect personal information listed below in order to manage recruitment

* Contact Details - Name, Postal Address, Email, Telephone numbers,
* Application details
* Interview records
* Pre-employment checks - references, occupational health questionnaires, DBS where applicable and identification documents
* Professional registration where applicable
* Immunity status where applicable
* Qualifications where applicable

The **lawful basis** for us collecting this information is:

* As part of preparation to a potential **contract of employment**
* In compliance with **employment legislation**

**How we use your information**:

* We use your information to effectively manage your recruitment

**Sharing your Information**

* We share your information with your consent to our Occupation Health provider in order to effectively screen that you are fit for the post applied for.

**How we keep your information safe**

* **Training:** All staff and volunteers are trained so they understand the law and their responsibility in regard to maintaining confidentiality, obtaining and using information appropriately, storing information securely and destroying information safely when it is no longer required
* **Access controls:** Paper records are locked away securely and all electronic systems are password protected so that only those who are involved in processing applications have access to the information they need
* **Monitoring:** We make regular checks to ensure that we meet the required standards and that your information is obtained, used, stored and destroyed in accordance with the law
* **Archiving and destruction:** To comply with the law we keep your records for 6 months after you have applied unless you are successful in which case it is retained for 6 years after you leave the organisation. After this time, information is destroyed in line with best practice guidance, shredding paper documents and securely deleting electronic records

Please sign to consent to the processing and storing of this information as indicated above.

Signature……………………………………………………… Date……………………………………………

DETAILS OF ANY REASONABLE ADJUSTMENTS REQUIRED FOR THE RECRUITMENT PROCESS

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To the best of my knowledge the details in this application are true I understand that any misrepresentation found in this application after appointment may lead to dismissal

Signature……………………………………………………… Date……………………………………………

PLEASE NOTE ONLY SHORTLISTED CANDIDATES WILL BE CONTACTED