

EAST LANCASHIRE HOSPICE Application Form

Please return completed application forms to: <u>rec</u> Or via post - Recruitment, East Lancashire Hospice,			e.org.uk	
Forename(s)				
Surname				
Telephone Number:	Home:			
	Mobile:			
Address (Including Postcode):				
Email Address:				
Do you hold a full Current Driving Licence:	Yes □ No □			
Are you presently a vehicle owner?	Yes □ No □			
Post applied for:				
Where did you see this Job Advertised?				
Do you require any reasonable adjustments for	Yes □ No □			
the recruitment process?	If yes, please detail:			
General Education				
Qualification		Level	Grade	Date Gained
Professional Qualifications		T	01.	D. J. C. J. J.
Qualification		Level	Grade	Date Gained



Post Graduate Qualifications

Qualification			Leve	l	Grade	Date Gained		
On- going study relevant to post				<u> </u>			<u>l</u>	
		Provider		Date	Date Started		Date expected to complete	
Details of other courses relevant to this	post			1		1		
		Provider			Dat	te Attended		
PIN number / professional registration	Profession	ona	l Body					
	Number	Number:						
Expiry Dat		ate	:					
Have you ever been reported to your p	rofessional bod	ly?	(Please tick) Ye	es 🗆	No 🗆]		
Do you require a permit to work in the UK? (Please tick		k)	Ye	es 🗆	No 🗆]		
If yes please give permit number								



Employment - Most Recent Current Employer Company Name: Address(Including Postcode): Post held: Grade: Date commented Date left (if applicable): Notice Period required (if still in post): Previous Posts – as part of our recruitment process we need to ensure we have a full employment history from when you left full-time education, please ensure you explain any gaps in your employment. Name of Employer Post Held **Date From** Date To Reason for leaving Supporting information – Please give a short description of your relevant knowledge, skills and skills to support your application for this post



References

Please give the details two referees (not relatives). These should be your most recent employer and previous employer if possible.

For school leavers this should be from your school or college. If you are unsure in relation to who is able to give you a reference please discuss with the recruitment team. Both referees will be contacted after you have received your conditional offer of employment

conditional offer of employme	ent.				
	Refere	ence 1			
Name:					
Company:					
Address (Including Postcode)):				
Tolonhanou					
Telephone: Email:					
Relationship:					
neidionship.					
	Refere	ence 2			
Name:					
Company:					
Address (Including Postcode)):				
,					
Telephone:					
Email:					
Relationship:					
Please note only shortlisted candidates will be contacted.					
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-					
	ess. You will then be asked to o	_	· · · · · · · · · · · · · · · · · · ·		
	formation on how the hospice				
refer to our Statement on Secure Storage, Handling, Use, Retention and Disposal of Disclosures and Disclosure					
Information which is available on our website.					
Data Protection Statement					
The information that you provide on this form and that obtained from other relevant sources will be used to process					
your application for employment. The personal information that you give us will also be used in a confidential manner					
to help us monitor our recruitment process. If you succeed in your application, the information will be used in the					
administration of your employment. We may also use the information if there is a complaint or legal challenge relevant					
to this recruitment process. We may also use or pass to certain third parties information to prevent or detect crime,					
to protect public funds, or in other ways as permitted by law. By signing the application form we will be assuming that					
you agree to the processing of sensitive personal data, (as described above), in accordance with our registration with					
the Data Protection Commissioner.					
Declaration					
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:			