## 2018 logo with strapline

**Application for Employment**

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| --- | --- |
| Position applied for: | Home Nursing Team Lead |
|  |  |
| Full time /part time: | 30 hours |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please indicate your availability to work: | Day | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
| Time from |  |  |  |  |  |  |  |
| Time to |  |  |  |  |  |  |  |

***PART 1 – PERSONAL DETAILS***

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| Surname: First Name:  Current Address:  Post Code:  Tel No (STD) Home: Work Tel No:  Mobile No: …………………………………………………………Date of Birth: ………………………………………..  Email:  Are you legally eligible for employment in the UK?  In the event of you being offered employment under Section 8 of the Immigration and Asylum Act 1996, you will be required to provide evidence of your eligibility to work legally in the UK.  National Insurance Number:  Do you have any holiday commitments you may wish us to honour? If yes, please provide details:    Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974? If yes, please give details:    If the nature of the work you are applying for requires an enhanced DBS police check. Please confirm whether you are willing to consent to such a check being carried out.  **Y / N**    Holder of a full clean driving licence  **Y / N** |

***PART 2 – SUMMARY OF EMPLOYMENT HISTORY***

*Please list all paid and unpaid employment, including any gaps in employment, in chronological order (starting with the most recent). Please continue on a separate sheet if necessary.*

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| CURRENT OR MOST RECENT EMPLOYER  Name and address of organisation:    Date started: Date left:  Reason for leaving/wanting to leave:  Job title: Salary/rate of pay:  Current hours worked:…………………………………………….Notice required: ………………………………………  Outline of key responsibilities/duties:    …………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………… |

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| Name and address of organisation:    Date started: Date left:  Reason for leaving/wanting to leave:  Job title: Salary/rate of pay:  Outline of key responsibilities/duties:    …………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………. |

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| Name and address of organisation:    Date started: Date left:  Reason for leaving/wanting to leave:  Job title: Salary/rate of pay:  Outline of key responsibilities/duties:    …………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………. |

***Other Employers***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Address | From | To | Job Title | Salary/Wage |
|  |  |  |  |  |
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***Other Current Employment***

*Please note any other employment you would continue if you were to be successful in obtaining this position or any commitment that might limit working hours:*

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|  |

***PART 3 – EDUCATION/QUALIFICATIONS***

*Secondary Schools/Colleges Attended (up to age 18)*

|  |  |  |
| --- | --- | --- |
| School/College | Dates | Qualifications obtained (with grades) |
|  |  |  |

***PROFESSIONAL QUALIFICATIONS***

*and or other courses attended*

|  |  |  |  |
| --- | --- | --- | --- |
| Subject/Activity | Year | Duration | Organising Body |
|  |  |  |  |

***PART 4 –LEISURE INTERESTS***

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| *What are your leisure interests, sports and hobbies, other past-times etc?* |

***PART 5 – ADDITIONAL INFORMATION***

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| *Please use this space to include any additional information in support of your application including why you wish to work for Hospice at Home West Cumbria. Please provide experience specific to the position you are applying for:* |

***PART 6 – GENERAL***

In the event of you being offered an interview are there any adjustments we should consider in order to interview you for the job? Y/N If ‘Yes’ please attach details.

***REFEREES***

*Any offer of employment is subject to the receipt of satisfactory references. Both Referees should have line management knowledge/ experience of your work skills. The first Referee must be your current or last employer. Neither should be a relative.*

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| --- |
| Name:  Address:  Position: Tel No:  **Can the referee be contacted prior to interview Yes** 🞏 **No** 🞏 |

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| --- |
| Name:  Address:  Position: Tel No:  **Can the referee be contacted prior to interview Yes** 🞏 **No**  🞏 |

***Statement to be signed by applicant***

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| --- |
| I declare that the information I have given is true and accurate to the best of my knowledge and belief. I understand that knowingly to falsify this form or to provide misleading information may exclude me from employment or render me liable to disciplinary proceedings which may include dismissal.  I understand that Hospice at Home West Cumbria and any other relevant person may use the information contained in this form for the purposes of monitoring equal opportunity, race discrimination and the effectiveness of its recruitment procedures and consent to its use.  Applicant’s Signature: Date: |