

**Application for Employment**

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| Position applied for: | Healthcare Assistant (Annualised Hours) |
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| How did you hear about this vacancy? |  |

***PART 1 – SUMMARY OF EMPLOYMENT HISTORY***

*Please list all paid and unpaid employment undertaken in the last 10 years, 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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| --- | --- | --- | --- |
| Name and address of organisation: | | | |
| Date started: |  | Date left: |  |
| Job title: |  | Salary/rate of pay: |  |
| Current hours worked per week: |  | Notice required: |  |
| Reason for leaving/wanting to leave: | | | |
| Outline of key responsibilities/duties: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address of organisation: | | | |
| Date started |  | Date left: |  |
| Job title: |  | Salary/rate of pay: |  |
| Hours worked per week: |  | Notice required: |  |
| Reason for leaving: | | | |
| Outline of key responsibilities/duties: | | | |

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| --- | --- | --- | --- |
| Name and address of organisation: | | | |
| Date started |  | Date left: |  |
| Job title: |  | Salary/rate of pay: |  |
| Hours worked per week: |  | Notice required: |  |
| Reason for leaving: | | | |
| Outline of key responsibilities/duties: | | | |

***Continuation of Employment History***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Address of Employer | Dates Employed | | Job Title | Salary/Wage |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
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***Other Ongoing Employment* */Working Limitations***

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

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***PART 2 – EDUCATION/QUALIFICATIONS***

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

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| --- | --- | --- |
| ***Name and Address of School/College*** | ***Date of Qualification*** | ***Qualifications obtained (with grades)*** |
|  |  |  |

***PROFESSIONAL QUALIFICATIONS***

*And/or other relevant courses attended*

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

***PROFESSIONAL REGISTRATION (e.g. NMC)***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Issuing Body*** | ***Registration Number*** | ***Date of Registration*** | ***Expiry Date of Registration*** |
|  |  |  |  |

***PART 3 – ADDITIONAL INFORMATION***

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| *Please use this space to include any additional information in support of your application. You may wish to refer to the person specification for the post and outline how you meet these criteria:* |

***PART 4 – PERSONAL DETAILS***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: | |  | | | First Name: | | |  | | | |
| Address: | |  | | | | | | | | | |
| Home Phone Number: | |  | | | Mobile Phone Number: | | |  | | | |
| Email Address: | |  | | | | | | | | | |
| How would you prefer to be contacted? | | * Phone | | | * Email | | | * Letter | | | |
| Date of Birth: | |  | | | Any prior holiday commitments: | | |  | | | |
| Are you legally eligible to work in the UK? | | * Yes * No | | | Are you required to have a UK Work Visa/Permit? | | | * Yes * No | | | |
| Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974?   * No * Yes - I have the following unspent convictions: | | | | | | | | | | | |
| Due to the nature of the work, some of our posts are exempt from the Rehabilitation of Offenders Act 1974. If you are applying for a post of this nature, you must provide details of any criminal convictions below. Please also note that any offer of employment for a post of this nature will be subject to an enhanced DBS check:   * No convictions * Yes, I have the following convictions: | | | | | | | | | | | |
| If you are applying for a community-based role, are you able to travel independently?   * Yes * No | | | | | | | | | | | |
| In the event of you being offered an interview, are there any adjustments to the interview arrangements that you would require? If so, please detail them below: | | | | | | | | | | | |
| If the post is advertised as full-time and you would like to work part-time, please confirm the number of hours per week you wish to work: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Please indicate your availability for work: |  | | Mon | Tue | | Wed | Thur | | Fri | Sat | Sun |
| Time from: | |  |  | |  |  | |  |  |  |
| Time to: | |  |  | |  |  | |  |  |  |

***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. For candidates leaving education, the referees should have knowledge of your personal characteristics. The first Referee must be your current or last employer or, the in the case of a candidate leaving education, your Course Tutor. Neither referee should be a relative.*

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Organisation Name and Address: |  |
| Email Address: |  |
| Phone Number: |  |
| How does the Referee Know You? |  |

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Organisation Name and Address: |  |
| Email Address: |  |
| Phone Number: |  |
| How does the Referee Know You? |  |

***DECLARATION***

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| I declare that the information I have given in this application form is true and accurate to the best of my knowledge and belief. I understand that to knowingly falsify information on 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 will process the information contained in this application form in order to assess my suitability for employment, and that this will be done in accordance with the General Data Protection Regulations and the Data Protection Regulations 2018.  Applicant Signature: Date: |