



The Gorse, Coleford, Glos, GL16 8QE  
Tel: 01594 811910

**APPLICATION FORM**

POSITION APPLIED FOR: .....

LAST NAME: ..... FORENAMES: .....

ADDRESS: .....

..... POST CODE: .....

HOME TEL NO: ..... WORKS TEL NO: .....

MOBILE NO: ..... E-MAIL: .....

<b>EDUCATION</b>				
Schools Attended	Dates		Examinations (subjects/results)	
	From	To		
<b>FURTHER EDUCATION</b>				
Place of Education	Dates		Type of Training	Qualifications
	From	To		

Do you have any professional qualifications? Please give details and dates attained.

NMC Pin No. (if applicable) .....  
.....  
.....

## EMPLOYMENT DETAILS

Present/last employer: .....

Address: .....

Job: ..... Start date: ..... Leave date: .....

Brief details of your role: .....

Reason for leaving: .....

Previous employer: .....

Address: .....

Job: ..... Start date: ..... Leave date: .....

Brief details of your role: .....

Reason for leaving: .....

Previous employer: .....

Address: .....

Job: ..... Start date: ..... Leave date: .....

Brief details of your role: .....

Reason for leaving: .....

Please give details of any other relevant employment (use separate sheet if required)

Please use this space to provide information in support of your application

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Please give details of any interests and non-work activities that you are involved with

**Criminal Convictions**

The Rehabilitation of Offender Act 1974 refers to the employment of persons and whether or not they are required to disclose details of any previous convictions. Due to the nature of the work we undertake it is considered highly desirable that you should tell of any previous convictions. You should know that we will by carrying out police checks for the successful applicant. The information given will remain strictly confidential and will not necessarily affect our decision making processes.

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**Confidentiality and relationships**

Whilst working with users of our service you will see and hear things of a confidential nature. You must understand how important it is that nothing relating to our users, their illnesses, or their family is discussed with anyone other than a relevant member of staff.

**Health information**

You will be asked to complete a Pre-Placement Health Declaration form once you have been offered the post.

**References**

Please name two referees of which one at least should be a previous employer. Such references will only be sought if your application is successful and at a mutually convenient time.

Name: .....

Address: .....

.....  
Name: .....

Address: .....

.....  
**Additional personal details**

Applicants are requested to tick the relevant boxes bellow to enable the company to monitor its equal opportunity policy. Monitoring is recommended by the Codes of practice for the elimination of racial discrimination and for the elimination of discrimination on the grounds of sex and marital status. This information is used for no other purpose and will be treated as confidential.

Male  Female  Married  Partner  Single  Widowed

**Ethnic group** \*please specify

White  Black-Caribbean  Black African  Black-other\*

Indian  Pakistani  Bangladeshi  Chinese  Other\*

Declaration: I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or if employed dismissal. I also agree to my personal details being kept in a database solely for the use of those connected with the running of Great Oaks Hospice. I understand that I may have access to this information having given sufficient notice.

Signature: ..... Date: .....