


CONFIDENTIAL Application for Employment Please return to:	Compton Hospice Registered Charity No. 512387	
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COMPTON HOSPICE is committed to an equal opportunities policy in employment and will assess applicants for jobs without regard to age, gender, marital status, religion, race, ethnic origin, colour, disability or sexual orientation. We will take all appropriate steps to ensure that all employees are recruited, trained and promoted on the basis of their ability, the requirements of the job, and the need to maintain a highly effective service.

NB. All sections MUST be completed even if supported by a Curriculum Vitae. If any applicant is unable to comply with this request, they should contact the above-named, who will discuss an alternative application method, as appropriate.

Post Applied for:	Vacancy Reference: _____ / _____
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Personal Details

Surname/Family name:	First Name(s):	
Address:	Date of Birth: (this is required for verification purposes)	
Post Code:		
Tel Nos. Home:	Work:	Mobile:
Email:		

Education, Training and Professional Development

(start with the most recent first and continue on a separate sheet if necessary)

Schools attended from age 11	Details of qualifications and levels attained

Further Education, training and/or Professional Qualifications	Details of qualifications and levels attained	Date obtained

Present Employer

Present Post Title:	When appointed:
Name and address of Employer:	Current Salary & Grade:
Current role and responsibilities	
If appointed, when would you be free to commence work?	

Employment History

Give details of your previous employment with the most recent first

Post Title:

Dates and length of service:

Name and address of Employer:

A brief description of role and responsibilities:

Reason for leaving:

Post Title:

Dates and length of service:

Name and address of Employer:

A brief description of role and responsibilities:

Reason for leaving:

Post Title:

Dates and length of service:

Name and address of Employer:

A brief description of role and responsibilities:

Reason for leaving:

Post Title:

Dates and length of service:

Name and address of Employer:

A brief description of role and responsibilities:

Reason for leaving:

Professional Membership and Regulation

Name of Regulatory / Professional Body	Registration/ membership number	Expiry Date

Are you currently the subject of any investigation or proceedings by any body having regulatory functions?

YES / NO

Have you ever been disqualified from practice or required to practice subject to specific limitations?

YES /NO

If 'Yes' provide details on a separate sheet.

Experience

Please give details of any experience that may support your application e.g. duties and achievements in your present or previous jobs. Please indicate the qualities/skills that you possess relevant to the job for which you have applied.

Please continue on a separate sheet if necessary

Do you speak a language other than English?	YES / NO
Please give details:	

Have you ever applied for a post or been employed at Compton Hospice in the past?	YES / NO
If yes, please give details	
Do you know anyone who works at Compton Hospice?	YES / NO
If yes, in what capacity?	

Are you a car owner or driver?	YES / NO
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References

Please provide full details of two employer referees one of whom **MUST** be your current or last employer

Name: Position: Address: Tel. No. Email: How long has this person known you and in what capacity? May we approach referee prior to interview?	Name: Position: Address: Tel. No. Email: How long has this person known you and in what capacity? May we approach referee prior to interview?
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Convictions: Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. You are, therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. In particular, to increase safeguards for children and vulnerable adults, arrangements have been made for COMPTON HOSPICE to check with the Criminal Records Bureau for possible criminal background on any person wishing to work in a capacity which allows them access to these groups. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by us. A copy of the Code of Practice is available on request from the PA to the Chief Executive.

Have you ever been convicted of a criminal offence? _____

(Having a criminal conviction will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offences)

If 'YES' Give details:

Declaration: I confirm that the information I have given is true and correct, and I have not withheld any information which may be to my disadvantage. I understand that an incorrect statement may lead to my dismissal whenever discovered.

Signed:

Date:

Data Protection

The Board of Trustees of Compton Hospice is registered under the Data Protection Act 1998 and will keep your personal details in accordance with this Act. By entering into this agreement you consent to the processing of your personal details by us for the sole purpose of managing the object(s) concerned. If you are in agreement with this please tick the box.



Equal Opportunities Monitoring Form

Compton Hospice is committed to the equality of opportunities. In order to monitor applicants, we would be grateful if you would complete this form and return it, unsigned, with your application form. The form will be detached from your application before the short listing process

POSITION APPLIED FOR _____

How would you describe your ethnic origin?					
WHITE		ASIAN OR ASIAN BRITISH		OTHER ETHNIC GROUPS	
British	[]	Indian	[]	Chinese	[]
Irish	[]	Pakistani	[]	Any other Ethnic Group	[]
Any other white background	[]	Bangladeshi	[]		
		Any other Asian Background	[]		
MIXED		BLACK OR BLACK BRITISH		ARAB OR MIDDLE EASTERN DESCENT	
White and Black Caribbean	[]	Caribbean	[]	Arab	[]
White and Black African	[]	African	[]	North African	[]
White and Asian	[]	Any other Black Background	[]	Iraqi	[]
Any other Mixed Background	[]			Kurdish	[]
Please specify your ethnic origin if not listed here _____					
Gender					
Male	[]	Female	[]		
Age					
What age are you? _____					
Disability					
Do you have a disability within the meaning of the Disability Discrimination Act 1995 (this means any physical or mental impairment which has lasted or is expected to last at least twelve months and which substantially affects your ability to carry out normal day to day activities)? YES / NO					
If yes, please list any actions you would recommend we take to overcome any disadvantage that you feel you might have compared to other candidates as a result of your disability. Please list any measures we could take that would put you on an equal basis with any other candidates in the recruitment process, including the interview and any selection tests.					
Additional information					
Where did you see the advertisement for this vacancy?					