



# The Shakespeare Hospice

Church Lane, Shottery, Stratford-upon-Avon, Warwickshire CV37 9UL

Telephone: 01789 266852 Fax: 01789 415081

Email: [recruitment@theshakespearehospice.org.uk](mailto:recruitment@theshakespearehospice.org.uk)

## APPLICATION FORM

### A. Personal Details

Post Applied for :	Date of Application:
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### Personal Details

Surname:	Title:
Forename(s):	
Home Address:	
	Postcode:
Daytime telephone number:	Do you hold a current full driving licence? Yes / No
Evening telephone number:	Do you have the use of a car during working hours? Yes / No
Mobile telephone number:	Email address:

### B. Educational, Vocational, Training and Professional Qualifications

Schools, Colleges, Universities or Institutes of Further Education attended	Dates (Month/year)		Qualifications gained, including subjects & grades
	From	To	

### **C. Professional Registration/Qualifications**

Please indicate your Professional Registration status/license to practise/professional qualifications e.g. NMC/GMC (including expiry date):

- I have current UK registration       UK registration applied/not applied for  
 Not required for this post

Membership/Registration/PIN \_\_\_\_\_

Professional Body: \_\_\_\_\_ Expiry date: \_\_\_\_\_

If you are applying for a post that requires professional registration you are required to provide the following information:

Are you currently the subject of a fitness to practise investigation or proceedings by a licensing or regulatory body in the UK or in any other country?       YES       NO

If applicable, please provide details of any investigation or proceedings you may be subject to:

Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country?

YES       NO

If applicable, please provide details of any conditions you may have:

Have you ever been subject to any 'disciplinary proceedings' within your current or previous employment?       YES       NO

If yes, please give details:

Are any investigations taking place or are there any resolved issues against you either within your current or previous employment?

YES       NO

If yes, please give details:

**D. Current or Most Recent Employment**

Job Title:		Start Date:
Salary & benefits:	Notice period:	Leaving Date:
Employers Name:		
Employers Address:		
Reason for Leaving:		
Describe the main duties and responsibilities in your present/most recent position:		

**E. Previous Employment: (covering the last ten years)**

Employers name and address:		
Job Title:	Start Date:	Leaving Date:
Brief Description of main duties and your reason for leaving:		

Employers name and address:		
Job Title:	Start Date:	Leaving Date:
Brief Description of main duties and your reason for leaving:		

Employers name and address:		
Job Title:	Start Date:	Leaving Date:
Brief Description of main duties and your reason for leaving:		

**F. Employment Gaps**

If you have any gaps within your employment history, please state the reasons for the gaps:
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### **G. Relevant experience in support of your application**

Please detail your reasons for applying for this post and, using the job description and person specification, outline your experience, skills and knowledge, which you consider may be relevant to this position:.

(Please use a separate piece of paper if necessary)

### **H. Asylum and Immigration Act 1996**

Are you legally able to work indefinitely in the UK? Yes / No

Are you required to have a UK Work Visa/Permit? Yes / No

Visa No: Start Date: Expiry Date:

Details of any Restriction:

(If you have a work permit or other documentation (e.g. European Economic Area Identity Card) showing you are eligible to live and work in the UK then please supply photo-copies with your application).

Copies provided: Yes / No

List documents seen:

### **I. Hobbies and Leisure interests:**

Please give details of your hobbies/leisure interests:

**J. References : (One should be your present /most recent employer)**

Name of Organisation:	Name of Organisation:
Name of Referee:	Name of Referee:
Their job title:	Their job title:
Address:	Address:
Post Code:	Post Code:
Telephone:	Telephone:
Email:	Email:

The Shakespeare Hospice reserves the right to take up references from any previous employers.

**K. Rehabilitation of Offenders Act 1974**

Before you complete the question(s) below please read guidance and criteria on the Disclosure and Barring Service website at [www.gov.uk/government/organisations/disclosure-and-barring-service](http://www.gov.uk/government/organisations/disclosure-and-barring-service)

A person's criminal record will not, in itself, debar that person from being appointed to a post. All cases will be examined on an individual basis taking into account the post applied for and the circumstances and background of the offence(s).

Failure to disclose all unspent convictions could result in disciplinary proceedings or dismissal. If employed, you are also under a continuing duty to disclose such sanctions.

Any information given will be treated in the strictest confidence and will only be accessible to those who are entitled to see it as part of their duties. We comply fully with the Data Protection Act 1998 and other relevant legislation and codes of practice in this regard.

**Do you have any convictions, cautions, reprimands or final warnings which are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?** YES / NO

If you have answered yes, please either provide details of your criminal record in the space below, or alternatively, disclose your record under separate cover provided that you state 'Attached details of convictions separately' in the space below and attach the details in an envelope stapled to this application. The envelope should be marked confidential and state your name and the details of the post.

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**L. Declaration**

I declare that the information and details given in this application form and any additional sheets are true, complete and accurate. I understand that providing deliberately false information or any misrepresentation or omission will be grounds for rejecting this application or subsequent dismissal if employed by the Hospice.

I consent to the Hospice using and keeping information I have provided in this application and elsewhere as part of the appointment process and/or personal information supplied by third parties such as referees, relating to my application for employment.

I understand that the information provided will be used to make a decision regarding my suitability for employment and, if successful, will be used to form my personal file which will be retained for the duration of my employment.

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

Please print name: .....

(Some or all of this information may be retained on our computer system(s) in accordance with the principles of the Data Protection Act 2018 and General Data Protection Regulation).

Please return this form via	
Post to: Head of HR The Shakespeare Hospice Church Lane Shottery Stratford-upon-Avon CV37 9UL	Email: <a href="mailto:recruitment@theshakespearehospice.org.uk">recruitment@theshakespearehospice.org.uk</a>