

## APPLICATION FOR EMPLOYMENT - CONFIDENTIAL

Please be aware that, as a charitable organisation with cost restraints, we are not able to acknowledge receipt of your application. As we receive a high level of applications for our vacancies, unfortunately, it is not possible for us to contact you if you have not been selected for interview or to give feedback regarding your application form. If you have not heard from us within three weeks of the closing date then please assume that you have not been successful on this occasion. With this in mind, we wish you well in your application, and thank you for your interest in working for the Hospice.

POSITION APPLIED FOR	HOW DID YOU FIND OUT ABOUT THIS POSITION?

### PERSONAL DETAILS

FORENAMES	SURNAME		
HOME ADDRESS	CONTACT DETAILS (INC. STD CODE)		
	EMAIL	HOME	MOBILE
POSTCODE	WORK		
DO YOU REQUIRE A WORK PERMIT TO WORK IN THE UK? If YES, please give details	NATIONAL INSURANCE NUMBER		
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have a current driving licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Licence	Details of Endorsements (if any)
Please give dates you would be unavailable for interview	If successful, would you also wish to continue in any other employment? <b>If YES, please give details.</b>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**REASON FOR APPLYING (Continue on a separate sheet if necessary)**

Please explain why you have made this application, why you are interested in working for Bury Hospice and detail any relevant strengths, experience and achievements that you believe make you a suitable candidate.

You should carefully review the job description and person specification, explaining how you meet the criteria. If you do not meet the essential criteria you will not be successful in reaching the next stage of the selection process.

**PRESENT OR MOST RECENT EMPLOYMENT**

JOB TITLE	LENGTH OF SERVICE IN MONTHS/YEARS	DATE LEFT OR NOTICE REQUIRED	WAGE/SALARY
NAME OF EMPLOYER	ADDRESS AND CONTACT DETAILS		
	TEL		
MAIN DUTIES AND RESPONSIBILITIES			REASON FOR LEAVING

**EMPLOYMENT HISTORY (Continue on a separate sheet if necessary)**

NAME AND ADDRESS OF EMPLOYER	JOB TITLE	MAIN DUTIES AND RESPONSIBILITIES	LENGTH OF SERVICE IN MONTHS/ YEARS	REASON FOR LEAVING

**EDUCATION AND QUALIFICATIONS**

SCHOOL(S) ATTENDED	QUALIFICATIONS GAINED	SUBJECTS, LEVEL & GRADES
COLLEGES OR UNIVERSITIES ATTENDED	QUALIFICATIONS GAINED	SUBJECTS, LEVEL & GRADES
RELEVANT TRAINING/QUALIFICATIONS (INCLUDE MEMBERSHIP OF PROFESSIONAL BODIES/ SPECIAL COURSES ETC)		

## REFERENCES

Please give the names and contact details of two people who are available to give work experience references. This should include one from your present or most recent employer.

NAME  
JOB TITLE  
ORGANISATION  
ADDRESS  
  
TEL  
EMAIL

NAME  
JOB TITLE  
ORGANISATION  
ADDRESS  
  
TEL  
EMAIL

Do you agree that we may contact your current employer before offering employment?

Yes  No

## ADDITIONAL DETAILS

Have you ever applied for a position with Bury Hospice before ? If YES give job title and dates.

Yes  No

## DECLARATION

***I confirm that the information in this application is true and complete to the best of my knowledge. I agree that any deliberate false or misleading information will be sufficient cause to reject my application, withdraw any offer made or, if employed, to dismiss without notice.***

**Signature:**

**Date:**

## CONFIDENTIAL EQUAL OPPORTUNITIES MONITORING FORM

Please complete this detachable form in order to help Bury Hospice meet its commitments to equal opportunity. Please note your application cannot be processed unless this form has been completed fully. It will not be used to make recruitment decisions and will be removed before shortlisting takes place.

*For office use only*

Application for the post of:  
Post Number:

APPLICATION FORM NUMBER:

### 1. PERSONAL DETAILS

**Gender:** Male  Female  (please tick appropriate box)

**Date of Birth:**

### 2. EQUAL OPPORTUNITIES

Bury Hospice is interested in what people can do, not what they cannot do. We will judge you on your abilities. Any application submitted to us will be treated equally and with respect, regardless of gender, sexual orientation, age, disability or ethnic origin.

To ensure the effectiveness of our policy and to assist in its development, we are monitoring all applications for employment and promotion. This information will be treated as confidential and will be kept separate from the application form. Managers will not have access to it during the shortlisting or interview process. Only the information relating to the successful candidate will be used for entry on to Bury Hospice records systems. The other information will only be held for monitoring purposes only. Please provide the details requested below.

### 3. ETHNIC ORIGIN

I would describe my ethnic origin as (please tick appropriate box)

*Bangladeshi*  *Pakistani*  *White African*

*Chinese*  *Black African*  *White Caribbean*

*Indian*  *Black Caribbean*  *White European*

*Other Asian*  *Black Other*  *White Other*   
(Please describe) (please describe) (Please describe)

### 4. SUPPLEMENTARY QUESTIONS FOR APPLICANTS WITH DISABILITIES

Bury Hospice welcomes applications from people who have a disability. The Equality Act 2010 makes it unlawful for an employer to discriminate against a disabled person in the field of employment. The Act defines a disabled person as "someone with a physical or mental impairment which has a substantial and long term adverse effect on that person's capability to carry out normal day to day activities, which includes things like using a telephone, reading a book or using public transport". If you have a disability or impairment and you require Bury Hospice to make a reasonable adjustment, please answer the following questions.

(a) Do you consider you have a disability? Yes:  No:

**If YES, please provide details:**

If you would like Bury Hospice to consider making reasonable adjustments to help you carry out the essential tasks of the job for which you are applying, please suggest what they may be:

**If necessary, continue on a separate sheet.** This information will not count against you, but will help us to consider ways in which we can reasonably accommodate your needs.

What arrangement(s) do you require at the interview stage e.g. wheelchair access, sign language, interpreter? Please state:

## CONFIDENTIAL EQUAL OPPORTUNITIES MONITORING FORM (CONTINUED)

### DECLARATION

1. I confirm that the information given on this form is true and complete to the best of my knowledge. I agree that any deliberately false or misleading information will be sufficient cause to, reject my application, withdraw any offer made or if employed to dismiss without notice.
2. I am fit to carry out the duties of the position applied for.
3. If required, I agree to give consent to approach my medical practitioner for a medical report or to attend an Occupational Health Practitioner in order to confirm that I am fully fit and able to carry out the functions/duties that are intrinsic to the job and/or, where appropriate, to provide assistance on whether any reasonable adjustments can be made.
4. If I have submitted my application electronically and not supplied a signature at the application stage, I confirm that I will do so when requested. I also confirm that, by submitting this application, I will be bound by the same declaration.
5. If I am successful the employer may process the information contained on this form in accordance with Data Protection Legislation.
6. If I am unsuccessful the employer may retain my details in accordance with Data Protection Legislation and may contact me should other vacancies arise that I may be more suitable for.
7. I agree to my employer releasing information where appropriate in circumstances where validation of the information given is required.

**Signature:**

**Date:**

**THANK YOU FOR COMPLETING THIS FORM**

**PLEASE RETURN TO HR DEPARTMENT, BURY HOSPICE, ROCHDALE OLD ROAD, BURY, BL9 7RG**

**OR EMAIL TO [accounts-hs@buryhospice.org.uk](mailto:accounts-hs@buryhospice.org.uk)**