

CONFIDENTIAL

APPLICATION FOR EMPLOYMENT

Instructions for completing this application form

- We recommend that you download the form and save it to your device so you can complete it at your convenience.
- Please read through the application form carefully
- Complete each section with the information required or mark if it is not applicable
- If you wish to print off the form and complete it by hand, please use black ink
- Please send your completed application form to s.orourke@holycross.org.uk and d.freemantle@holycross.org.uk by the deadline given.

Post applied for

How did you hear about this vacancy?

Surname

Title

Mr. Mrs. Ms. Miss. Other

Forenames

National Insurance number

Present address

Telephone

Address line 1

Home

Address line 2

Work

Town/City

Mobile

Postcode

Email

Education, technical and professional qualifications

**Educational Institute/
 professional body**

Qualifications gained (GCSE etc.)

Grades achieved

Further education

College/university	Qualifications gained	Registration number/ pin number (if applicable)

Personal development

Include any course, membership, voluntary work or specialist skills, training received, responsibilities you consider relevant, with outcomes where applicable.

Present or last employment

Name and address of last employer	From	To
Name		
Address line 1	Post title	
Address line 2		
Town/City	Summary of role	
Postcode		
Notice required		
Salary and benefits		

Do you have any other paid employment?	If 'Yes' please give details
Yes No	

Previous employment (most recent first)

Name and address of employer	Post held/summary of role
Name	
Address line 1	
Address line 2	Reason for leaving
Town/City	
Postcode	
From	To

Name and address of employer	Post held/summary of role
Name	
Address line 1	
Address line 2	Reason for leaving
Town/City	
Postcode	
From	To

(continued on the next page ...)

Previous employment (continued)

Name and address of employer		Post held/summary of role
Name		
Address line 1		
Address line 2		Reason for leaving
Town/City		
Postcode		
From	To	

Supporting Statement

Please state the reasons for your application, including a summary of your present duties, experience and any special interests relevant to the post for which you are applying.

Continue on a separate sheet if necessary.

Are there any actual or outstanding issues concerning you which may have implications on your application for employment with Holy Cross Hospital?

Yes No

If 'Yes' please give details

References

Please give the names of people who could provide a reference regarding your suitability for the post for which you are applying. **One of these should be your present or most recent employer**, who is able to provide a reference on behalf of the employing organisation on their headed paper or with the company stamp. School/college leavers should give the names of lecturers/tutors/head teachers. **You should not give friends or relatives as referees.**

References will be sought any time after the short-listing stage. You will be asked to give your written consent before referees are contacted. **If you do not wish to do this, please indicate clearly by checking the button next to the person's name.**

Current/most recent employer	Second referee
Name	Name
Address line 1	Address line 1
Address line 2	Address line 2
Town/City	Town/City
Postcode	Postcode
Telephone	Telephone
In what capacity do they know you?	In what capacity do they know you?

Do you require a work permit to work in the United Kingdom?	Yes	No
If 'YES', do you have one?	Yes	No
If 'YES', what does it permit you to do?		

Please provide a copy of all papers, including passport stamps, which are relevant to you working in the United Kingdom, when returning your completed application form.

Rehabilitation of Offenders Act

Applicants for posts in Health and Social Services are not entitled to withhold information about convictions, however long ago these occurred. Any information given will be completely confidential and will be considered only in relation to applications for positions covered by the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Failure to disclose such convictions could result in dismissal or disciplinary action by the Hospital.

Before continuing an offer of employment, the Hospital requests you seek Disclosure of past criminal records from the Disclosure and Barring Service. Please confirm that you are willing to make this application.

Are you willing to make an application for Disclosure of information from the Disclosure and Barring Service?	Yes	No
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Signed

I am a member of the Update Service (DBS) and give my consent for Holy Cross Hospital to make a Status check.

Certificate Number	Current surname as specified on DBS certificate
Date of Birth	

Data Protection Statement

The information you provide on this form and obtained from other relevant sources will be used to process your application for employment. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process. If you succeed in your application and take up employment with us, the information will be used in the administration of your employment with us and to provide you with information about us or a third party via your pay slip. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process. We may check the information collected, with third parties or with other information held by us. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other ways as permitted by law.

Declaration

By signing the application form we will assume you agree to the processing of sensitive personal data (as described above), in accordance with our registration with the Data Protection Commissioner.

I declare that the information I have given in my application is accurate and true. I understand that providing false information will disqualify me from appointment or, if discovered after appointment, may lead to dismissal.

I also understand that such appointment will be subject to medical clearance, satisfactory references, enhanced disclosure of information from the DBS and a probationary period.

I declare that:

- I am not currently the subject of any police investigation and/or prosecution in the UK or any other country.
- I have never been convicted of any criminal offence required by law to be disclosed, received a police caution in the UK, or criminal conviction in any other country.
- I am not currently the subject of any investigation or proceedings by any body having regulatory functions in relation to health/social care professionals including such a regulatory body in another country.
- I have never been disqualified from the practice of a profession or required to practise it subject to specific limitation following a fitness to practise investigation by a regulatory body in the UK or other country.

I declare that I will, if by nature of a blood born virus or infectious disease, notify you of any change in my health status.

Please note that a failure to sign the declaration will render your application invalid.

Signature

Date

Please list the copies of documents you are enclosing with your application form

EQUAL OPPORTUNITIES MONITORING FORM

Holy Cross Hospital aims to be an equal opportunities employer and undertakes to apply objective criteria to assess merit and ability. It aims to ensure that no job applicants, employee or worker receives less favourable treatment on the grounds of race, colour, national or ethnic origins, sex, marital status, sexual orientation or perceived sexuality, disability, membership or non-membership of a trade union, 'spent convictions' of ex-offenders, class, age, politics, religion or belief.

Please answer the following questions. All information provided will be treated in the strictest confidence and will be kept separate from your application form. **The information you provide will have no part in the selection process.**

Name	Title				
	Mr.	Mrs.	Ms.	Miss.	Other
Post applied for					

Age	Under 18	19-24	25-64	65+	Prefer not to say
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Marital Status	Single	Married	Divorced/separated	Other
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I belong to the following ethnic grouping

<p>A. White</p> <p>British Irish</p> <p>Other (please specify)</p>	<p>D. Black or Black British Caribbean African</p> <p>Any other black background (please specify)</p>
<p>B. Of mixed race</p> <p>White and Black Caribbean White and Black African White and Black Asian</p> <p>Any other mixed background (please specify)</p>	<p>E. Asian or Asian British</p> <p>Indian Pakistani Bangladeshi</p> <p>Any other Asian background (please specify)</p>
<p>C. Chinese</p> <p>Chinese</p>	<p>F. Any other ethnic group (please specify)</p>

Religion or belief

Athiesm Buddhism Christianity Islam Sikhism Agnostic Judaism
Jainism Hinduism Other Prefer not to say

Disability

The Disability Discrimination Act 1995, states that a person is disabled if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.

By this definition, do you consider yourself to be disabled or have a long-term condition?

Yes No Prefer not to say

Do you have any disability for which special arrangement should be made, either in an interview or employment situation? If so, please specify the nature of the disability and your requirements:

Data Protection Act

I understand that this information may be stored and processed in compliance with the Data Protection Act 1998 and Holy Cross Hospital's policy, as part of Holy Cross Hospital's monitoring of equal opportunities and by signing below, I give my consent for my details to be used for this purpose.

Signature

Date