

**SPRINGHILL HOSPICE (ROCHDALE)**

Broad Lane  
Rochdale  
OL16 4PZ



(In Confidence)

**APPLICATION FORM**

\*If you are submitting a detailed curriculum vitae you need only complete the sections of this form marked '\*'.  
Please complete in *block capitals in black ink or typescript.*

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\* POST APPLIED FOR: \_\_\_\_\_ \* HOURS: \_\_\_\_\_

CLOSING DATE: \_\_\_\_\_ Where did you see this vacancy? \_\_\_\_\_

**\* PERSONAL DETAILS**

FORENAMES: \_\_\_\_\_ SURNAME: \_\_\_\_\_

(Mr/Mrs/Miss/Ms/Dr)

MAIDEN/PREVIOUS NAME: \_\_\_\_\_ N.I. NUMBER \_\_\_\_\_

DRIVING LICENCE HOLDER: YES/NO CAR OWNER: YES/NO NMC PIN NO: \_\_\_\_\_  
(if applicable)

ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_ HOME TEL: \_\_\_\_\_ WORKS TEL: \_\_\_\_\_

MOBILE TEL: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**EDUCATION:** (most recent first)

FROM	TO	Name of School/College/ University etc.	Course(s) taken with results and grades

<b>EMPLOYMENT HISTORY</b> (most recent first)				
<b>FROM</b>	<b>TO</b>	<b>Employer's name/ address</b>	<b>Job Title and outline of main duties (including salary)</b>	<b>Reason for leaving or period of notice</b>

### REFERENCES

Please give the names and addresses of two referees, one of which should be your present/most recent employer. References will not be taken up until a job offer has been made.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

### PENSION SCHEME

Do you currently contribute to the NHS Superannuation Scheme?

If YES, would you wish to continue in the scheme?

If NO, would you wish to contribute to a Hospice Private Pension Scheme?

YES       NO

YES       NO

YES       NO

**\* REHABILITATION OF OFFENDERS ACT**

This job may involve contact with patients. You must, therefore, declare any convictions you may have had including those considered as spent under the above Act. Posts involving access to children are subject to Home Office Circular 44/1986. Any information given is, of course, in confidence and considered only in relation to the job for which you are applying. Have you ever been convicted of any criminal offence (other than driving offences not resulting in disqualification)?

 YES NO

If YES, please send confidential letter of explanation to the Chief Executive at Springhill Hospice

**\* PROFESSIONAL/REGULATORY BODY**

Are you the subject of any current investigation or proceedings by a professional or regulatory body in the UK or any other country?

 YES NO

If YES, please give details on a separate sheet of paper.

Have you ever been disqualified from the practice of a profession or required to practice under specific limitations?

 YES NO

If YES, please give details on a separate sheet of paper.

Have you ever been referred to, or included on, a POVA list:

 YES NO

If YES, please give details on a separate sheet of paper.

**ADDITIONAL INFORMATION**

Please show on a separate sheet any other information that you feel would support your application, i.e. general interests, hobbies, membership of relevant clubs or associations or any other work or non-work experience you feel appropriate.

Are you related to any Trustee or member of staff of Springhill Hospice?

 YES NO

If YES, please give details: \_\_\_\_\_

**DATA PROTECTION NOTIFICATION:**

(Please read carefully before signing this application)

The information you have provided in completing this application form will be used to process your application for employment. Springhill Hospice will keep the information you have supplied confidential and will not divulge it to third parties, except where required by law, or where we have retained the services of a third party representative to act on your/our behalf.

**AUTHORISATION:** I have read the Data Protection notification and understand and agree to the use of my personal data in accordance with the Data Protection Act 1998.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**\* DECLARATION**

I declare that the information given on this form and supporting documents, is complete and correct to the best of my knowledge. I understand that should I be employed by Springhill Hospice and at a later date this information is found to be incomplete or incorrect this may be considered as just reason to terminate my employment.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**SPRINGHILL HOSPICE IS AN EQUAL OPPORTUNITIES EMPLOYER AND HAS A NO SMOKING POLICY.  
ALL POSTS ARE SUBJECT TO A CRB/POVA CHECK. IF YOU REQUIRE MORE INFORMATION ON THIS PLEASE REFER TO  
[www.crb.gov.uk](http://www.crb.gov.uk)**

For Office Use Only

CRB Reference Number \_\_\_\_\_

Countersignature Signature \_\_\_\_\_