**If you require support in completing the application process, please contact the recruitment team at recruitment@stmichaelshospice.com.**

**Please write/type in black ink.**

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| **Job details** | | | |
| Post applied for: |  | | |
| Closing date for application: |  | | |
| If the post is full-time, would you be prepared to consider working on a job-share basis? | | | Yes  No |
| Earliest start date: | |  | |

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| **Personal details** | | | | | | | |
| Surname: | |  | | | | | |
| First name: | |  | | | | | |
| Preferred name/Known by: | |  | | | | | |
| Title: | |  | | | | | |
| Address: | |  | | | | | |
| Post code: | |  | | | | | |
| Email address: | |  | | | | | |
| National Insurance number: | | |  | | | | |
| Daytime telephone number: | | |  | | | | |
| Home telephone number: | | |  | | | | |
| Mobile telephone number: | | |  | | | | |
|  | | | | | | | |
| **Additional personal details** | | | | | | | |
| Do you hold a current full driving licence? | | | | | | Yes  No | |
| Do you have use of a car? | | | | | | Yes  No | |
| **Education & Qualifications** | | | | | | | |
| **GCSE or equivalent** | | | | **Pass marks** | | | **Dates** |
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| **‘A’ OR AS level or equivalent / BTEC** | | | | **Pass marks** | | | **Dates** |
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| **Higher Education** | | | | | | | |
| University : |  | | | | Date: | |  |
|  |  | | | |  | |  |
| Degree in: |  | | | | Class: | |  |
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| **Relevant training and non-qualification courses attended:** | | | | **Pass marks** | | | **Dates** |
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| **Professional Qualifications** | | | | | |
| State Awarding Body and Registration No/year and level: | | | | | |
|  | | | | Date: |  |
|  | | | | Date: |  |
| RN PIN No (if applicable): | | | | Renewal Date: |  |
|  | | | | | |
| **Current or most recent employer:**  (Please give the fraction of full-time where the post is / was part-time) | | | | | |
| Name and address of employer: |  | | | | |
| Telephone number: |  | | | | |
| Position held: |  | | | | |
| From: | | To: | | | |
| Annual salary: | |  | | | |
| Additional allowances (please specify) | |  | | | |
| Are you still employed by this employer? | | | Yes  No | | |
| Date and reason for leaving (if applicable) | | | | | |
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| **Previous employment**  (Posts held in the last 15 years, most recent first. Agency posts must be marked**\***) | | | | |
| **Name of employer** | **Post held** | **From** | **To** | **Reason for leaving** |
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| **Other history**  (Please ensure that you provide a complete chronological history by listing below any periods not covered above in your employment history, e.g. travel, unemployment, sabbatical, carer responsibilities etc) | | |
| **From** | **To** | **Reason** |
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| **Relevant Experience & Other Information** |
| The information you provide in this section is of the utmost importance in assessing your application. Where relevant, you should include details of past and present employment, other paid or unpaid employment and any other activities outside of the workplace. |
| **Supporting Statement** |
| **Please use this space to state your reasons for applying for the post, relating your skills, experience and personal qualities to the requirements of the job (please refer to the person specification for the post).** |

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| **Declaration by Applicant** | | | | |
| **The Working Time Regulations 1998** | | | | |
| The Working Time Regulations were introduced on 1st October 1998 and working hours in the UK are now governed by statute. Please detail below any employment which you intend to continue if successfully appointed to the post applied for or state none: | | | | |
|  | | | | |
| Have you ever applied for a position at  St Michael’s Hospice before? | | Yes  No | | |
| Are you related to any member of  St Michael’s Hospice staff or Board of Directors | | Yes  No | | |
| How did you hear about this vacancy? | | St Michael’s Hospice website  Hastings Observer  Facebook  Twitter  LinkedIn  Indeed  Other – Please state blow: | | |
| ***Rehabilitation of Offenders Act 1974*** | | | | |
| Depending on which role you are applying for, the post may not be exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. If the advert for the role you are applying for makes it clear that the role requires a **Standard or Enhanced DBS** disclosure then **the role is not exempt**, and you will not be entitled to withhold information about convictions including those which for other purposes are “spent” under the provisions of the Act. Please be aware that in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Hospice. Any information given will be handled in a sensitive manner and will be considered only in relation to an application for positions to which the Order applies. Where a role requires a Basic disclosure, then only unspent convictions need be declared and you may answer “no” to the question below if convictions are spent. | | | | |
| Have you ever been cautioned or convicted of a criminal offence? | | | | Yes  No |
| Are you   * Currently the subject of any police investigation and/or prosecution in the UK or any other country? * Currently the subject of any investigation or proceedings by anybody having regulatory functions in relation to health/social care professionals including such a regulatory body in another country? * Have you ever been disqualified from the practice of a profession or required to practice it subject to specific limitation following a fitness to practice investigation by a regulatory body, in the UK or another country? | | | | Yes  No  Yes  No  Yes  No |
| *If ‘Yes’ to any of the above (see overleaf), please give details below or, if you prefer, attach details in a sealed envelope marked 'strictly confidential'. Failure to disclose, in accordance with the guidance, any information relating to criminal convictions may disqualify your application or result in dismissal without notice.* | | | | |
|  | | | | |
| **Disclosure and Barring Service (DBS).** | | | | |
| The Criminal Justice and Court Services Act 2000 is part of an integrated system for the protection of children and vulnerable adults. It makes provision for recruiters to undertake criminal records checks on those applying to work with children or vulnerable adults. Where applicable, applicants will be required to give their permission for a Disclosure through the Disclosure and Barring Service (DBS). Any information given will be completely confidential. | | | | |
| **Eligibility to work in the UK** | | | | |
| All employers in the UK have a responsibility to prevent illegal working. You will be required to provide evidence prior to appointment of a National Insurance number, UK passport or other document on the approved list to satisfy St Michael’s Hospice. For further information please go to <https://www.gov.uk/prove-right-to-work> | | | | |
| Do you require a work permit? | | | Yes  No | |
| **Referees** (optional at application stage) | | | | |
| Name, address (including postcode if known) and status/position of two people to whom reference may be made who can comment on your professional status and/or ability. One **MUST** be your present or most recent employer. The other must be a previous employer unless you have had no previous employment, in which case, a character reference will be needed or a reference from a School or Higher Educational establishment. | | | | |
| 1) Present/most recent employer | | | | |
| Name: |  | | | |
| Address: |  | | | |
| Occupation: |  | | | |
| Telephone number: |  | | | |
| Email address: |  | | | |
| **2) Previous employer** | | | | |
| Name: |  | | | |
| Address: |  | | | |
| Occupation: |  | | | |
| Telephone number: |  | | | |
| Email address: |  | | | |

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| **Declaration** | | | |
| I declare that the information given is true and understand that the Hospice reserves the right to seek verification from me of the factual basis for any information provided.  I have no legal restrictions to taking up employment with the Hospice if appointed and I accept that the discovery of any legal restrictions after an appointment has been made will lead to dismissal.  I understand that my appointment, if offered, will be subject to satisfactory references, health clearance, DBS clearance and proof of eligibility to work in the UK. I confirm that all information on this and any other form is correct and understand that false or misleading information may lead to dismissal. | | | |
| Signature: |  | Date: |  |
| Print name: |  | | |
| DPA logo**Data Protection Act 2018**  St Michael’s Hospice will only process the information you have provided in this form for the purpose of recruitment and selection and, if you are successful in securing this position, for purposes relating to your employment. Your details will be kept electronically. We will not disclose this information about you to outside organisations or third parties unless there is a legal requirement to do so, or for the prevention and detection of fraud. | | | |

A close-up of a company values

Description automatically generated

**How to return your form**

Please send your completed application form to the postal or email address shown in below:

Recruitment

HR Department

St Michael’s Hospice

25 Upper Maze Hill

St Leonards on Sea

East Sussex

TN38 0LB

Email: recruitment@stmichaelshospice.com

If you are returning your application by post, please ensure you use the correct postage for the size, weight and thickness of your envelope.

In the interests of economy an acknowledgement will be sent only if you supply a stamped addressed envelope. We look forward to receiving your application for

**CONFIDENTIAL: DIVERSITY AND EQUALITY MONITORING FORM**

St Michael’s Hospice wants to meet the aims and commitments set out in its equality and diversity policy and wants to ensure that all employees are recruited, trained and promoted on the basis of their ability, the requirements of their job and the need to maintain a highly effective and efficient service for patients. The Hospice wishes to monitor its progress towards becoming a more inclusive organisation.

To ensure our policy is effective, we ask all candidates to complete the following sections so we can monitor the diversity of our recruitment process. This information will be treated as confidential and will not form part of the selection criteria for the position. Please indicate by placing an ‘X’ in the appropriate box.

However, if you would rather not take part in this monitoring process, please tick this box.

**FULL NAME**:

**POST APPLIED FOR**:

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| --- | --- | --- | --- | --- | --- |
| **Gender:** **To which gender do you most identify?** | | | | | |
| Female |  | Male |  | Prefer not to say |  |
| Non-binary |  | Intersex |  |  | |
| If you prefer to use your own gender identity, please state: | | | | | |
| **Is the gender you identify with the same as your gender registered at birth?** | | | | | |
| Yes |  | No |  | Prefer not to say |  |

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| **What is your age group?** | | | |
| Under 18 years |  | 51-60 years |  |
| 18 –30 years |  | 61-70 years |  |
| 31- 40 years |  | Over 70 years |  |
| 41- 50 years |  | Prefer not to say |  |

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| **What is your ethnicity? Ethnic Origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.** | | | |
| **Asian or Asian British** | | | |
| British Indian |  | British Bangladeshi |  |
| British Pakistani |  | Pakistani |  |
| Indian |  |  | |
| Bangladeshi |  |  | |
| Other Asian background please state: | | | |
| **Black, African, Caribbean or Black British** | | | |
| British African |  | British Caribbean |  |
| African |  | Caribbean |  |
| Other Black, African or Caribbean background please state: | | | |
| **Chinese** | | | |
| British Chinese |  | Chinese |  |
| **Mixed or Multiple Ethnic Groups** | | | |
| White and Black Caribbean |  | White and Black African |  |
| White and Asian |  |  | |
| Any other mixed or multiple ethnic background please state: | | | |
| **White** | | | |
| English |  | Welsh |  |
| Scottish |  | Northern Irish |  |
| Irish |  | European |  |
| Gypsy or Irish Traveller |  |  | |
| Any other white background please state: | | | |
| **Other Ethnic Groups** | | | |
| Arab |  | Prefer not to say |  |
| Any other ethnic group please state: | | | |

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| **Sexual Orientation** | | | | | | | | |
| Heterosexual |  | Gay |  | Lesbian |  | Bisexual |  |  |
| Pansexual |  | Undecided |  | Asexual |  | Prefer not to say | |  |
| If you prefer to use your own identity, please state: | | | | | | | | |

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| **Religion/Belief** | | | | | | | |
| Hindu |  | Buddhist |  | Christian |  | Prefer not to say |  |
| Sikh |  | Muslim |  | Jewish |  |  | |
| Of no religion or belief | | |  |  |  |  | |
| Other religion or belief please state: | | | | | | | |

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| **Disability** | | | | | |
| A disability is a physical or mental impairment which has a substantial and long-term effect upon a person's ability to carry out normal activities. 'Substantial' is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed  'Long-term' means 12 months or more, e.g. a breathing condition that develops as a result of a lung infection.  There are special rules about recurring or fluctuating conditions, e.g. arthritis, and progressive conditions. You automatically meet the disability definition under the Equality Act 2010 from the day you're diagnosed with HIV, cancer or multiple sclerosis. | | | | | |
| **Do you have a physical or mental health condition, illness, impairment or disability?** | | | | | |
| Yes |  | No |  | Prefer not to say |  |
| **If you have indicated that you have a physical or mental health condition, illness, impairment or disability, which of the following apply to you?** | | | | | |
| Prefer not to disclose | | | | |  |
| Deaf or Hard of Hearing | | | | |  |
| Visual Impairment (condition that can’t be corrected using glasses or contact lenses) | | | | |  |
| Learning Disability such as Down’s Syndrome and Fragile X | | | | |  |
| Long-standing, chronic or fluctuating condition or disability (examples include cancer, HIV, diabetes, chronic heart disease, asthma severe migraines, epilepsy, IBS) | | | | |  |
| Mental Health condition such as depression, anxiety, bipolar, schizophrenia | | | | |  |
| Neurodiverse conditions: Autism Spectrum | | | | |  |
| Other neurodiverse conditions such as dyslexia, dyspraxia or AD(H)D | | | | |  |
| Physical or Mobility limiting condition or disability (examples include back or joint pain, cerebral palsy, Multiple Sclerosis (MS), acquired spinal injury, arthritis, traumatic brain injury) | | | | |  |
| Speech Impairment | | | | |  |
| Visible Difference such as facial disfigurement, skin condition, or alopecia | | | | |  |
| Other please state: | | | | |  |

Thank you for completing this form.

**Hospice use only** Interview Y/N Appointed Y/N

Closing date: Input by: