

St Michael's Hospice

APPLICATION FOR EMPLOYMENT

Please return this form, including the Equal Opportunities Monitoring Form to:

St Michael's Hospice Bartestree Hereford HR1 4HA

(NB Please complete form in black ink)

Fax: 01432 851022

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GENERAL INFORMATION	_					
Post Applied For	Date A	vailable for Employment	Referen	ce No.		
			Closing	date:		
Family name/surname	Forena	ames				
Address (including postcode)	Teleph	none No Work				
3,100,000	Home					
	Mobile					
		address:				
	Do you	u hold a current full driving li	cence?	Yes	No	
	Do you	u have use of a car?		Yes	No	
REFERENCES						
Please give names, addresses and telephone number employer).	pers of t	wo referees (at least one sh	ould be y	our presen	t or last	
1 Name		2 Name				
Address		Address				
Telephone No.		Telephone No.				
Position Held		Position Held				

Company limited by guarantee: number 1634942

Registered Charity Number 511179

	Reason for Leaving/ Intending to Leave		
	Brief Nature of Duties	10 years)	
	То	r RECENT (last 10 years)	
	From	WITH THE MOS -	
AENT	Post Held including (Grade and current salary)	EMPLOYMENT PRIOR TO ABOVE STARTING WITH THE MOST	
CURRENT OR LAST EMPLOYMENT	Employer's Business	PRIOR TO ABC	
CURRENT OR	Employer's Name	EMPLOYMENT	

EDUCATION AND PR	OFES	SIONA	L QUALIFICATIONS		
School	From	То	Exams Taken	Year	Grade
College or University	From	То	Qualification Obtained and Grade		
Name and Address of Medical/Nursing/Other Training School	From	То	Qualification(s) Obtained Registration No GMC/GDC/NMC/Other Date of Registration Expiry/Renewal Date		
Other Qualifications			Date Obtained		
Training: Please give details of other formal training courses attended within the last 24 months (e.g. Management, Post Registration/Enrolment)					

SUPPORT INFORMATION
Please give a concise account of relevant experience/achievements and training and indicate why you think you should be considered for the post. (Please use an extra sheet if necessary).
Where did you see this vacancy advertised:
Are you related to a member or employee (paid or voluntary) of the Hospice? If so please give details:
The provision of section 4(2) of the Rehabilitation of Offenders Act 1974 applies to all applicants other than those applying for nursing/medical posts and for posts involving substantial access to children. If you are applying for a post in one of these categories you must disclose all (or any) convictions, no matter where they occurred.
Under the Care Standards Act 2000 there is a requirement for all applicants to indicate whether they are under any criminal investigation. Similarly for all qualified staff there is a requirement for applicants to indicate whether they are under any investigation by their professional body.
This information must be provided on a separate sheet along with your application and will be treated in the strictest confidence. Any appointment will be made on the basis that the information provided by you is true and correct. Failure to disclose information may result in an offer of appointment being withdrawn, or in disciplinary action or dismissal at a later date. Canvassing or failure to disclose a relationship to a member of the Hospice will disqualify.
I certify that I have read and understood the above information and that the information I have given is true and correct.
Signature Date