

#### **APPLICATION FORM**

Applicant Ref: (office use only)

Applicants should use additional sheets where there is insufficient space, quoting Job Reference on each additional page.

Position Applied For:	Job Ref:

#### 1. Education, training and personal development

Please list the educational establishments you have attended, giving details of the start and finish date of your attendance, the name of the establishment, any qualifications you have obtained, the grade awarded (if appropriate) and the date of the award. Please start with the most recent and go back to your secondary school.

Date Started	Date Finished	Name of Establishment	Qualification(s) Obtained	Grade	Date

## 2. Other Training / Education

Please give details of any other training, education or development you have undertaken. Give details of the date, nature of the training, place and outcome. Please feel free to include informal training and development, any internal study days by your employer, or any seminars you have attended that you think may be relevant.

Date Finished	Nature of training / Development	Training provider (if applicable)	Qualification(s) Obtained

## 3a. <u>Employment</u>

Please tell us about your current or most recent employment.

Job title:				
Employer:				
Month and Year Started:	Current Salary (please indicate number of hours worked if part time):			
Please detail your role and responsibilities:				
Month and Year Left (if applicable):				
Reason for leaving:				

## 3b. Employment Continued

Please list all previous employment (other than described in 3a) with your most recent first. Please explain any gaps in your employment history.

Date Started	Date Left	Employer's Name & Location	Your Position or Job Title	Reason for leaving or gaps in employment

<b>4.</b> Please	Attributes  describe your three main attributes (as you see them) and outline how these will help with this position.
5.	Please describe briefly the reasons why this position interests you.
6.	Please describe an example of when you have exceeded expectations in your working life.

	Please give details of any other information	you feel may be useful to support your application
		o referees, one of which must be your current or magerial ferences that are satisfactory to us from these references.
Name		,
Job tit	Ho:	
JOD III	lie.	
Addre	ess:	
Tel No	0:	
Email	:	
	e indicate how Personal Employer	Personal Employer
knowr Pleas	e do not contact prior to interview	Please do not contact prior to interview
9.	Professional Registration	
	position you have applied for requires the applicar ody you are registered with and your registration r	nt to be registered with a professional body, please st
		Registration Id:
I dec	clare that I have answered the above quointed, any false or incomplete statemen	uestions honestly and fully. I realise that, ton my part may result in termination of t
Signa	ature	Date
		tharine House Hospice, Weston Road, Stafford ST16 3



# ADDITIONAL SHEET FOR ALL JOB APPLICATIONS

Applicant Ref: (office use only)

This sheet is separated by the personnel department prior to the short-listing procedure. Please ensure that you complete all sections.

**Data Protection:** Applicants completing this form will be giving consent for their personal data to be stored in computer systems. This data is held solely for the purposes of recruitment and monitoring equal opportunities. Only the successful candidate's details will be retained, all other data will be destroyed six months after the completion of the recruitment process.

Positi	on Applied For:		Job Ref:	
1.	Personal Details			
Forer	names:			
Surna	ame:	Contact details:		
Addre	ess:	Home Tel:		
		Mobile Tel:		
		Work Tel:		
		e-mail:		
		Please include only contact details you are		
Post (	Code:	happy for us to us	e	
2.	Do you have a disability that we might need to take into account during our selection procedure (for example if you have difficulty with stairs, or your vision or hearing is impaired)?			
	Yes	No		
3.	Are you able to provide proof of your right to work in the	UK?		
	Yes	No		
4.	(Optional) Please indicate how you heard of this post			
			<del></del>	
5.	Are you related to any trustee or employee of Katharine Yes	House Hospice or a No	associated companies?	
	If yes, please provide name(s) and state relationship:			
app	clare that I have answered the above questions ointed, any false or incomplete statement on my tract.			
Sign	nature	Date		

Please enclose this sheet with the main application form.