katharine house hospice
embracing life and living

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:	HDOCS4

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. Employment

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

4. Attributes

Please 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.

7. Please give details of any other information you feel may be useful to support your application.

8. **Referees** Please give the names of two referees, one of which must be your current or most recent employer. If selected we will require references that are satisfactory to us from these referees.

Name:		
Job title:		
Address:		
Tel No:		
Email:		
Please indicate how known	☐ Personal ☐ Employer	☐ Personal ☐ Employer
Please do not contact prior to interview	☐	☐

9. **Professional Registration**

If the position you have applied for requires the applicant to be registered with a professional body, please state the body you are registered with and your registration number or reference.

Professional Body: _____ Registration Id: _____

I declare that I have answered the above questions honestly and fully. I realise that, if appointed, any false or incomplete statement on my part may result in termination of my contract.

Signature _____ **Date** _____

Please return to Miss C Patterson, Personnel Officer, Katharine House Hospice, Weston Road, Stafford ST16 3SB.

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ADDITIONAL SHEET FOR ALL JOB APPLICATIONS

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.

Position Applied For:

Job Ref: HDOCS04

1. Personal Details

Forenames:

Surname:

Address:

Post Code:

Contact details:

Home Tel:

Mobile Tel:

Work Tel:

e-mail:

Please include only contact details you are happy for us to use.

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

5. Are you related to any trustee or employee of Katharine House Hospice or associated companies?

Yes ☐ No ☐

If yes, please provide name(s) and state relationship:

I declare that I have answered the above questions honestly and fully. I realise that, if appointed, any false or incomplete statement on my part may result in termination of my contract.

Signature _____ **Date** _____

Please enclose this sheet with the main application form.