



# Pendleside Hospice

Office use only
Candidate ref no
_____

**Pendleside, Colne Road, Reedley, Burnley  
Lancashire, BB10 2LW  
Tel: 01282 440100 e-mail: info@pendleside.org.uk  
Company Registration No. 2280991 (uk)  
Registered Charity No. 700993**

## JOB APPLICATION FORM

Please read the guidance notes that accompany this application form and then complete in **BLACK** ink

### SECTION B:

#### 1. Post

Post applied for: \_\_\_\_\_ Department: \_\_\_\_\_

#### 2. Present employment

Employer (name and address)	
_____	
Postcode:	_____
Job title: _____	Date started: _____
Salary: _____	Notice required: _____
Description of Duties performed	
_____	
_____	
_____	
_____	

#### 3. Previous employment Please list in date order, starting with most recent:

DATE JOB HELD		EMPLOYER AND ADDRESS	JOB TITLE Duties performed	REASON FOR LEAVING
From	To			

*continued overleaf*

<b>DATE JOB HELD</b>		<b>EMPLOYER AND ADDRESS</b>	<b>JOB TITLE</b> Duties performed	<b>REASON FOR LEAVING</b>
From	To			

#### 4. Education

Types of education from secondary school onwards, (e.g. college, university, etc.)	Dates		Qualifications Gained	Grades	Date
	From	To			

**5. Training** (vocational & occupational qualifications relevant to the post, including professional qualifications, AVCE, NVQ and job specific courses)

Professional/Organising Body	Course Details	Dates	
		From	To

Have you served a modern apprenticeship? Yes / No

**6. Practitioner Registration** (*Healthcare Professionals completion ONLY*)

NMC Pin No. \_\_\_\_\_ Expires: \_\_\_\_\_

Are you currently the subject of any investigation or proceedings by any body having regular functions in relation to health / social care professionals including such a regulatory body in another country? Yes / No

Have you ever been disqualified from the practice of a profession or required to practice it subject to specified limitations following a fitness to practice investigation by a regulatory body in the UK or any other country? Yes / No

If 'YES' to either of the above, please provide details of the offence(s), including date, court or police force involved and sentence on separate piece of paper and attach it to this application form

**7. Health** Statement as to general health.

Please give full details of absences from work because of illness and/or other occasions over the last three years. Please give details of any long-term progressive illness.

**8. General Information**

Are you in possession of a full UK driving licence? Yes/No  
 (Answer only if driving is a requirement of the post)

How did you find out about this job (e.g name of newspaper, website, job centre etc.)

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## **9. Details of relevant experience & any other information in support of your application**

This may include paid/unpaid employment. Please use this space to show us that you have the skills, knowledge and experience required for the post.

Please continue on a separate sheet if necessary



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[www.pendleside.org.uk](http://www.pendleside.org.uk)

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## EQUAL OPPORTUNITIES FORM

Please read the guidance notes that accompany this application form and then complete in **BLACK** ink

**PLEASE NOTE THAT SECTION A WILL BE DETACHED AND KEPT SEPARATELY  
BEFORE THE SHORT LISTING STAGE**

### SECTION A:

#### 1. Post Details

Application for the post of: \_\_\_\_\_  
Department: \_\_\_\_\_ Closing Date: \_\_\_\_\_

#### 2. Personal

Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_  
(block capitals)  
Address: \_\_\_\_\_ Mr / Mrs / Miss / Ms (circle as appropriate)  
\_\_\_\_\_  
Telephone Numbers:  
Home: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Postcode: \_\_\_\_\_ National Insurance No. \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Or Work Permit (attach details)

Are you related to any member of the Hospice staff? Yes/No  
If 'Yes', please provide details: \_\_\_\_\_

#### 3. References

Please give the names and addresses of **TWO** referees (not relatives) whom we may contact. One of these should be your current or last employer if you have been employed recently. We will not contact your current employer without your permission.

Name: _____	Name: _____
Job title: _____	Job title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Telephone number: _____	Telephone number: _____
Business/Character reference? _____	Business/Character reference? _____

# REHABILITATION OF OFFENDERS ACT 1974 (Exceptions) ORDER 1975

Applicants for posts at Pendleside Hospice are *not* entitled to withhold information about criminal convictions however long they occurred. Having an unspent conviction will not necessarily be a barrier to employment with the hospice; however, this will depend upon the circumstances and background of the offence.

Successful candidates are also subject to a criminal records check by the Criminal Records Bureau (CRB). The level of the CRB disclosure required (Standard or Enhanced) will depend upon the nature of the post. This check will include details of cautions, reprimands or final warnings as well as convictions.

PLEASE NOTE THAT THIS INFORMATION WILL *NOT* BE SEEN BY SELECTION OR INTERVIEW PANEL MEMBERS

**Are you currently the subject of any police investigation and/or prosecution in the UK or any other country?**

YES/NO\*

If 'yes' please provide details:

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**Have you ever been convicted of any criminal offence required by law to be disclosed, received a police caution in the UK or a criminal conviction in any other country?**

YES/NO\*

If 'yes' what were the charges and when did it take place?

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**\* delete as applicable**

In the event of employment, any failure to disclose such convictions could result in disciplinary action by Pendleside Hospice. Any information given will be completely confidential.

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I confirm that the above information is true, accurate and complete, and that any misrepresentation may invalidate my application or lead to my summary dismissal after appointment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

PRINTNAME: \_\_\_\_\_

4. Please state how you would describe your nationality and/or ethnicity?

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5. Please state your marital status: \_\_\_\_\_

6. The Disability Discrimination Act 1995 (DDA) defines a disability as a “person with a physical or mental impairment which has a substantial effect on day-to-day activities”.

Do you consider yourself to have a disability under the DDA (please tick)?

Yes  No

Please give details of any other special facilities or practical arrangements we can make to help you through the recruitment process. Please contact our Human Resources team to discuss your requirements.

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Please also give details of any adjustments that may be required to the workplace or duties and any equipment that will help you perform the role.

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### **Declaration**

I declare that to the best of my knowledge the information contained in Section A and B of this application form is true and correct. I understand that if it is found that I have deliberately given false or misleading information I will, if appointed be dismissed immediately without notice.

For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give consent to Pendleside Hospice processing the data supplied in connection with monitoring compliance with its equal opportunities obligations and policy. I also agree to the storage of this information on manual and computerised files.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_