

The Butterfly Hospice Trust



Tel: 01205 311222

Email: enquiries@butterflyhospice.com

APPLICATION FOR EMPLOYMENT

Post Applied for:

Where did you see this post advertised?

Please note we do not accept CVs

Personal details

Title:

Forename/s:

Surname:

Preferred name:

Address:

Post Code:

Home Tel: No:

Work Tel: No:

Mobile:

May we call you at work? YES / NO

Email Address:

Do you wish to apply for this post as part of a job-share arrangement YES / NO

UK National Insurance No:

Professional PIN No:

Expiry Date:

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Present / most recent employment

Name and address of employer:

Tel: No:

Job Title:

Salary/wage:

Hours worked:

Date appointed:

Notice required

Summary of main duties and responsibilities

Previous Employment (including relevant voluntary work)

| Employer | From (month/year) | To (month/year) | Job Title | Reason for leaving |
|----------|----------------------|--------------------|-----------|--------------------|
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If you have any gaps within your employment history, please state the reasons for the gaps below.

Your Local Hospice for Local People

Rowan Way Boston Lincolnshire PE21 9DH

Charity Number: 1113697

BH 045 Issue 1 March 2014

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Education/Training/Qualifications/Certificates

If shortlisted you will be required to present original certificates at interview (i.e. those that correspond to an essential requirement of the post).

| Schools, colleges and universities attended | Course taken/examinations | Grade achieved |
|---------------------------------------------|---------------------------|----------------|
| | | |
| | | |
| | | |
| | | |

Professional qualifications

| | | |
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| | | |
| | | |

Additional training (including employment based training)

| Course Title | Training Provider | Duration | Year Obtained |
|--------------|-------------------|----------|---------------|
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Supporting Information

In this box please give your reasons for applying for this post and additional information which shows how you match the person specification for the job (you will have been sent this document with the application form). This can include relevant skills, knowledge, experience, voluntary activities and training etc. Use a continuation sheet if necessary but no more than 2 A4 pages. Please **DO NOT** attach CV.

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References

Please provide the name and full contact details of two people who agreed to supply references (one of whom should be your present or most recent employer) whom we can contact for a reference on your ability to carry out the duties of the post.

| | | | |
|------------------------------------------------------------------|-----------------------------------------------------------|------------|--|
| Type of reference | Employer / Educational / Personal (delete as appropriate) | | |
| Title | | | |
| Surname | | First Name | |
| Relationship | | | |
| Employer Name | | | |
| Job Title | | | |
| Address | | | |
| Post Code | | | |
| Tel: No: | | | |
| Email: | | | |
| Do you agree to this referee being contacted prior to interview? | YES / NO (please delete as appropriate) | | |

| | | | |
|------------------------------------------------------------------|-----------------------------------------------------------|------------|--|
| Type of reference | Employer / Educational / Personal (delete as appropriate) | | |
| Title | | | |
| Surname | | First Name | |
| Relationship | | | |
| Employer Name | | | |
| Job Title | | | |
| Address | | | |
| Post Code | | | |
| Tel: No: | | | |
| Email: | | | |
| Do you agree to this referee being contacted prior to interview? | YES / NO (please delete as appropriate) | | |

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Additional Information (please complete as appropriate)

Are you entitled to work in the United Kingdom? **YES / NO**

Do you require a work permit? **YES /NO**

Will you need any assistant at interview? (i.e. sign language, interpreter, access to building) If yes, please specify your particular need below:

Convictions / Disqualifications:

The Butterfly Hospice Trust is committed to making appointments on merit and will focus on a person's abilities, skills, experience and qualifications. When considering an applicant with a criminal record, the Butterfly Hospice Trust will consider the relevance of the conviction(s) to the job for which the person is applying. A criminal record will not necessarily be a bar to obtaining a position.

Under the Rehabilitation of Offenders Act 1974, (exceptions order 1975) a conviction will become 'spent' (i.e. treated as if it never occurred) where the individual has not, after a period of time, committed another serious offence. Rehabilitation periods vary, depending on the type and length of conviction originally incurred. For example:

| <u>Type of conviction</u> | <u>Rehabilitation period</u> |
|----------------------------------------------------------|------------------------------|
| Imprisonment for over six months but less than 30 months | 10 years |
| Imprisonment over 30 months | Never 'spent' |
| Fine or sentence not covered by the Act | Five years |
| Conditional discharge | One year |
| Probation | Five years |

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Disclosure and Barring Service (DBS)

A Disclosure & Barring Service (DBS) check will be done on successful applicants for posts that involve contact with vulnerable adults and are considered to be 'exempt' under the Rehabilitation of Offenders Act 1974 (Exceptions Order 1975).

If the post is 'exempt', you are not entitled to withhold information about convictions that are regarded 'spent' under the Act. You are therefore required to give details of all convictions and cautions including 'spent' convictions. Any information that you may give will be strictly confidential and will be considered only in relation to exempted jobs for which you have applied. If you are not short listed the information will be destroyed.

Have you ever been convicted of a criminal offence, including driving offences? **YES / NO**
If yes please give details of dates:

Have you ever been or are you the subject of Fitness to Practice proceedings by a UK or Overseas Licensing or regulatory body? **YES / NO**
If yes please give details and dates:

Have you been or are the subject of any Police investigation, caution or conviction in this or any other country? **YES / NO**
If yes please give details and dates:

The information obtained will be kept strictly confidential in accordance with the Code of Practice issued by the DBS along with our Recruitment of Ex Offenders and Disclosure Barring Service procedure, copies are available on request from the Administration office.

Additional Employment

Do you intend to undertake other work in addition to this post? **YES / NO**

If yes, state weekly hours of additional work:

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Declaration

Please read carefully before signing this application

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will give the Butterfly Hospice Trust the right to withdraw my application or subsequent dismissal if employed by the Butterfly Hospice Trust. Where applicable, I consent that the Butterfly Hospice Trust can seek clarification regarding professional registration details.

Signature:

If you would like acknowledgement of receipt you will need to enclose a stamped addressed envelope.

OFFICE USE ONLY

Shortlisted YES / NO Reason for decision

Interview YES / NO Reason for decision

Offer YES / NO Reason for decision

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