APPLICATION FOR EMPLOYMENT

Address:

Post Code:

Mobile:

Home Tel: No:

Email Address:

a job-share arrangement

UK National Insurance No:

Professional PIN No:

Do you wish to apply for this post as part of



Post	
Applied	
for:	
101.	
Where did y	you see this post advertised?
	Please note we do not accept CVs
Personal d	etails
Title:	Forename/s:
Surname:	Preferred name:

Work Tel: No:

YES

May we call you at work?

NO

YES

Expiry Date:

NO

Rowan Way Boston Lincolnshire PE21 9DH
Charity Number: 1113697 BH 045 Issue 2 - October 2018

Present / most recent employment					
Name and address of employer:					
Tel: No:					
Job Title:			Salary/wage:		Hours worked:
Date appoir	nted:		Notice required		
Summary o	f main duties	and respor	nsibilities		
Previous Employment (including relevant voluntary work)					
Employer	From (month/year)	To (month/ye	ar) Job T	itle	Reason for leaving
			,		
If you have a	any gaps within	your emplo	yment history, plea	se state the	reasons:

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	Course / Qualifications	Date of Qualification	Grade achieved

Professional qualifications				
Additional training (including employment based training)				
		Training		
Course Title	•	Provider	Duration	Year Obtained
Course Title			Duration	Year Obtained
Course Title			Duration	Year Obtained
Course Title			Duration	Year Obtained
Course Title			Duration	Year Obtained

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.

References			
	present or most rece	ils of two people who agreed tent employer) whom we can co	
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 ref contacted prior to interv	eree being iew?	(please delete as appropri	ate) YES NO
Type of reference	Employer / Educa	ational / Personal (delete as	appropriate)
Title			
Surname		First Name	
Relationship			
Employer Name			
Job Title			
Address			
Post Code			
Tel: No:			
Email:			
Do you agree to this ref		YES NO (please	delete as appropriate)

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:

Type of conviction Imprisonment for over six months but less than 30 months	Rehabilitation period 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

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:

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