



CLINICAL APPLICATION

Join the team and make a Difference

APPLICATION FOR EMPLOYMENT

Please fill in the Application Form, the form should be completed in **black ink** and returned to the HR department at the address shown below. Please note that questions marked with an asterisk * are mandatory and therefore must be answered.

HR Department, Woking & Sam Beare Hospices
Denton Way, Goldsworth Park, Woking, Surrey GU21 3LG

For Office Use Only

Details entered in this part of the form will be held in the HR department of the recruiting organisation. For details on how your data will be kept and stored please read our Privacy Notice <https://www.wsbhospices.co.uk/about-us/information-governance/hr-volunteer-data/>

Job Title	
Department	

Personal Details

* Surname/Family Name			
*First Names			
Name in which you are registered with a professional body (if applicable)			
Title		UK National Insurance No	
*Address			
*Postcode		*Country	
Home Telephone		Mobile Telephone	
Work Telephone		May we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address			
Date of Birth	___ / ___ / ___	<input type="checkbox"/> I do not wish to disclose this	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this		
*Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have leave to enter/remain and the right to work in the United Kingdom (UK)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If your right to remain in the UK requires a visa or permit please supply details, including permit/via number, validity and expiry date			

Preferred Employment Type	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Bank work
If relevant to your role do you have a valid driving licence for the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If relevant to your role do you have access to a vehicle which can be used for work purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Equality Act 2010 (Disability Discrimination)

If you tell us that you have a disability we can make reasonable adjustments to where you work and your work arrangements and at interview.

Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> I do not wish to disclose this information <input type="checkbox"/> No
Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.	
<input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Learning Disability/Difficulty
<input type="checkbox"/> Sensory Impairment	<input type="checkbox"/> Long-standing illness
<input type="checkbox"/> Mental Health Condition	<input type="checkbox"/> Other
If you have a disability do you require any specific arrangements to enable you to attend for interview?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please supply details below:	

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions to employers after the rehabilitation period set by the Court has elapsed and the convictions become 'spent'. During the rehabilitation period, convictions are referred to as 'unspent' convictions and must be declared to employers. Before you can be considered for appointment with Woking & Sam Beare Hospices we need to be satisfied about your character and suitability. Woking & Sam Beare Hospices aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation or age. Woking & Sam Beare Hospices undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

* Have you any unspent criminal convictions or any cautions, warnings or reprimands?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details	

If you are applying for a post involving access to persons in receipt of health services, your offer of employment will be subject to a satisfactory disclosure from the Disclosure and Barring Service. Failure to reveal information relating to any convictions could lead to withdrawal of an offer of employment.

Personal Relationships

If you are related to, or have a relationship with a current employee of Woking & Sam Beare Hospices please state the employee's name and your relationship

Professional Membership

Include in this section any relevant professional registrations or memberships.

***Please indicate your Professional Registration status:**

- | | |
|---|--|
| <input type="checkbox"/> Not Required for this post | <input type="checkbox"/> UK registration applied for |
| <input type="checkbox"/> I have current UK registration | <input type="checkbox"/> UK registration not yet applied for |
| | <input type="checkbox"/> I am a student |

If professional registration is not required then go to **the next section (Education & Professional qualifications)**.

If you are registered then please enter the relevant details below:

Professional Body	Membership or Registration type	Membership/Registration PIN	Expiry/Renewal Date

If you are applying for a post that requires professional registration you are required to provide the following information:

Are you currently the subject of a fitness to practise investigation or proceedings by a licensing or regulatory body in the UK or in any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education & Professional Qualifications

Include in this section all the relevant qualifications. Please also indicate subjects currently being studied.

Subject/Qualification	Place of Study	Grade/result	Year

Employment History

Current Employer

Please record below the details of your current employment

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date		End Date	
Start of continuous NHS service (if applicable)			
Grade		Salary	
Reporting to (job title)		Notice Period	
Reason for leaving (if applicable)			
Description of your duties and responsibilities			

Previous Employment

Please record below the details of your previous employment beginning with the most recent first giving **full career history details**. Please use additional sheets of paper if required. Please explain any gaps in employment in the 'Supporting Information' section below.

Previous Employer 1

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 2

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 3

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 4

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

We require a full employment history therefore if there insufficient room above please attach additional sheet/s if necessary or attach as copy of your CV.

Supporting Information

In this section 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. If relevant to the post for which you are applying you should include details about research experience, publications or poster presentation, clinical care (knowledge and skills) and clinical audit.

Supporting information (Please continue on additional sheets if necessary).

References

Please give the names of the people who have agreed to supply references. For all positions you must provide two references. If you are, or have been employed, these should be your **two most recent employers**. These may include your line manager or someone in a position of responsibility who can comment on your work experience, competence, personal qualities and suitability for the post. If you are a student please provide contact details of a teacher at your school, college or university. Please note that personal references such as friends and relatives are not acceptable. For all posts written references obtained must cover the preceding three years of employment.

Referee 1

*Surname/Family name		First Name	
Title			
Job Title/Company Name			
*Address			
*Post Code		*Country	
Telephone		Fax	
Email			
* Relationship		*Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Referee 2

*Surname/Family name		First Name	
Title			
Job Title /Company Name			
*Address			
*Post Code		*Country	
Telephone		Fax	
Email			
*Relationship		* Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Where did you see this vacancy advertised?			
<input type="checkbox"/> Hospice Website	<input type="checkbox"/> Local Newspaper	<input type="checkbox"/> RCN bulletin	<input type="checkbox"/> Jobcentre Plus
<input type="checkbox"/> Search Engine	<input type="checkbox"/> British Medical Journal	<input type="checkbox"/> Nursing Times	<input type="checkbox"/> Radio
<input type="checkbox"/> Other Website	<input type="checkbox"/> Health Service Journal	<input type="checkbox"/> Nursing Standard	<input type="checkbox"/> Other
<input type="checkbox"/> National Newspaper	<input type="checkbox"/> Hospital Doctor	<input type="checkbox"/> Other Professional Journal	<input type="checkbox"/> Current employee of WSBH
			Name of employee:-----

DECLARATION

The information in this form is true and complete. I agree that any deliberate omissions, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. This applies equally to any medical questionnaire/forms I may complete.

I agree to the above declaration			
Signature			
Name		Date	

Training Record Form

NAME: _____

JOB ROLE: _____

Please complete this form with all the training you have completed within the past **2 years** with the date and training provider. Please also indicate courses you have not undertaken or those that were completed more than 2 years ago. You will be offered training updates and competency assessments as part of your induction/orientation which must be completed satisfactorily. All training is offered subject to satisfactory HR checks.

Training Course	Completed		Date of Course	Training Provider	Copy of Certificate available
	No	Yes			
MANDATORY UPDATES					
Health & Safety					
Fire Awareness					
Infection Control					
Information Governance (Data Protection + Record Keeping)					
Moving & Handling (patient & load)					
Basic Life Support (CPR, use of AED + anaphylaxis)					
Safeguarding Adults					
Safeguarding Children					
*Blood Transfusion					
Anti-bullying and Harassment					
Equality and Diversity					
Conflict Resolution					
Food Hygiene Awareness					
CLINICAL SKILLS					
First Aid					
Medical Gases (Oxygen/Entonox)					
Venepuncture and Cannulation					
*Medicines Management					
*McKinley Syringe Driver *					
*Verification of Expected Death					
*Intravenous Therapy (IV)					
ADDITIONAL COURSES/QUALIFICATIONS					
*Mentor Update					
Palliative Care Update					
Wound Care Update					
Advanced Communication					
NVQ / QCF (Please state level, title + completion date)				Care Certificate (Please state provider and completion date)	
Degree (Please state title and completion date)					
Masters (Please state title and completion date)					

(* = For Registered Nurses)

Signed: _____

Date: ____/____/____

Please return to Woking and Sam Beare Hospices HR department with your job application form. Your application will not be considered without this information and please ensure you bring copies of all certificates to interview.