

### Application Form for Employment

Post Applied for:
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Last Name :	First Name(s):
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Address:	Home Telephone No:
	Business No:
	Mobile No:
	Email Address:

Where did you see the advertisement of this post:			
Professional Registration Body:		Expiry date:	
(PIN) number:		Revalidation date:	

#### Educational, Technical and Professional Qualifications

Name of school/college/Uni where you attained qualifications	Exams Undertaken	Subject	Results

**Personal Development -**

This includes any course, membership, voluntary work or responsibilities you consider relevant.

Provider	Type of Development

**Employment History**

Present or Last Employer. Please provide the name, address and telephone number and indicate the type of business:	
Date employed from:	To:
Position held:	
Brief description of position held:	
Notice Period	
Reason for leaving:	Salary:

Previous employers, most recent first:	
Date employed from:	To:
Position held:	
Brief description of position held:	
Notice Period	
Reason for leaving:	Salary:

Previous employer:	
Date employed from:	To:
Position held:	
Brief description of duties and key achievements :	
Reason for leaving:	Salary:

**Supporting Statement**

Please provide, in no more than two sides of A4 the reasons for your application and what you believe you can bring to the team, your achievements and, specifically, how you meet the requirements detailed in the person specification for this role.

Supporting statement continued:

### References

Please provide the details of two referees. We reserve the right to contact any or all of the people named. We will not contact any referee until an offer of employment has been accepted. If you do not have two employment referees one may be from your head teacher, lecturer or similar. All employment is subject to the receipt or references satisfactory to KEMP Hospice.

Name:	
Occupation:	
Address:	
Email Address:	
Name:	
Occupation:	
Address:	
Email Address:	
Do you have any other work commitments, either paid or unpaid, which you would wish to continue with if offered employment by KEMP Hospice?                      Yes / No	
You may not, without prior permission in writing of KEMP Hospice, be employed or otherwise engaged in any other business, trade or profession either directly or indirectly in any capacity whatsoever.	
Have you any friends or relatives employed by KEMP Hospice? If so, please provide names and relationship :	
Have you applied to KEMP Hospice before? If so, please provide details of post applied for:	
Have you ever been convicted of a criminal offence? (Declaration subject to the Rehabilitation of Offenders Act 1974)	YES / NO
Do you have a full and current driving licence?	YES / NO
Is it free of endorsements? If no please give details	YES / NO
Do you have the legal right to work in the UK?	YES / NO
If 'Yes' and there are conditions attached for example start or finish dates, please specify:	
If 'No', which type of work permit do you require?	

Please provide your National Insurance Number:

*I confirm that the above information is correct to the best of my knowledge. I consent to KEMP Hospice processing any information I provide them for the purpose of employment by KEMP Hospice in accordance with KEMP's Recruitment Privacy Statement. Further details are available at [www.kemphospice.org.uk/recruitmentprivacy](http://www.kemphospice.org.uk/recruitmentprivacy) or email [recruitment@kemphospice.org.uk](mailto:recruitment@kemphospice.org.uk).*

Signed:

Name:

Date:

**EQUAL OPPORTUNITIES MONITORING**

KEMP Hospice is an Equal Opportunities promoter and completion of this form is optional, however any information provided helps monitor the effectiveness of our equal opportunities policy. Any information you do provide will be treated completely confidentially and will be used solely for the purposes of equal opportunities monitoring.

<b>NAME</b>		<b>MALE / FEMALE / NON-BINARY (Please select)</b>
<b>POSITION APPLIED FOR</b>		<b>LOCATION</b>

<b>AGE</b>										
	Under 21		21-30		31-40		41-50		51-65	Over 65

**ETHNIC ORIGIN** Please tick one option. The categories below are based on the current Office for National Statistics suggested ethnic groupings.

White									
British		Irish		Scottish		English		Welsh	
Mixed									
White/Black Caribbean			African		White Asian		Other		
Asian/Asian British									
Chinese		Indian		Pakistani		Bangladeshi		Other	
Black/Black British									
Other Ethnic Background		African		Caribbean		Other			
Prefer not to say									

**DISABILITY** Generally speaking, we consider a disability to be: a physical or mental impairment which has a substantial and long term (12 months or more) adverse effect on a person's ability to carry out normal day-to-day activities.

**Do you consider yourself to have a disability according to the definition?** Yes/No

If "Yes" please give brief details below:  
*[continue overleaf if necessary]*

<b>What is your religion or belief?</b>		Prefer Not to Say
<b>Do you identify as transgender?</b>		Prefer Not to Say
<b>What is your sexual orientation?</b>		
Bisexual <input type="checkbox"/>	Gay <input type="checkbox"/>	Heterosexual <input type="checkbox"/>
Lesbian <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer Not to Say <input type="checkbox"/>
Date Completed		