

**Bolton Hospice**

Queens Park Street, Off Chorley New Road

Bolton BL1 4QT

Tel: (01204) 663066

Email: [recruitment@boltonhospice.org](mailto:recruitment@boltonhospice.org)Office Use Only:  
**CANDIDATE REF:****Please complete this form in type where possible (or black pen)**

Information provided on the front and back pages will be separated from the completed application upon receipt and will not form any part of the selection process.

APPLICATION FOR THE POST OF:	
WHERE DID YOU HEAR ABOUT THE VACANCY?	

**PERSONAL DETAILS**

FORENAME(S):		SURNAME:	
TITLE:		ADDRESS:	
DATE OF BIRTH:			
NI NUMBER:			
HOME TEL.:		MOBILE NO.:	
EMAIL ADDRESS:			

**EQUALITY ACT**

This Act protects people with disabilities from unlawful discrimination. The Equality Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities. Bolton Hospice is committed to equality for disabled people in the workplace.

**If you have a disability, you are invited to declare this below, together with any other information you feel would help us accommodate your needs during interview or assessment:**

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## REFERENCES

Please give names and contact details of two referees to whom we may apply for a reference, at least one of whom should be your current or most recent employer. Please ensure that the referees provided are not from the same organisation. Please note referees must not be friends or family members. Please provide an email address where possible.

**References will be taken immediately following acceptance of a conditional offer in writing, unless you indicate otherwise.**

1	NAME:		2	NAME:	
JOB TITLE:			JOB TITLE:		
COMPANY NAME / ADDRESS:			COMPANY NAME / ADDRESS:		
TEL NO.:			TEL NO.:		
EMAIL:			EMAIL:		
Please let me know before you contact this referee		<input type="checkbox"/>	Please let me know before you contact this referee		<input type="checkbox"/>

APPLICATION FOR THE POST OF:

### GENERAL EDUCATION

Qualifications obtained: please indicate level (e.g. GCSE, A-Level) subject and grades obtained.

SCHOOL / COLLEGE	LEVEL	SUBJECT	GRADE

### FURTHER EDUCATION, PROFESSIONAL QUALIFICATIONS

UNIVERSITY / COLLEGE / SCHOOL	QUALIFICATIONS OBTAINED, GRADES & SUBJECTS	DATE OF COMPLETION

### RELEVANT TRAINING COURSES ATTENDED

Please detail any courses attended in the last 5 years which may be relevant to the post.

TITLE OF COURSE	WHERE HELD	DATE OF COMPLETION

### PROFESSIONAL MEMBERSHIPS

NAME OF MEMBERSHIP e.g. NMC, GMC, CIPD	LEVEL e.g. STUDENT, ASSOCIATE, CHARTERED	MEMBERSHIP NO.	EXPIRY / RENEWAL DATE

### DRIVING

Do you hold a current driving licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have the use of a car for work if required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

CURRENT / MOST RECENT EMPLOYMENT (IF APPLICABLE)		
NAME AND ADDRESS OF CURRENT OR MOST RECENT EMPLOYER:		POSTION(S) HELD:
		START DATE:
		DATE OF LEAVING:
EMPLOYER'S BUSINESS:	SALARY:	
	HOURS WORKED:	
JOB RESPONSIBILITIES:		
REASON FOR LEAVING:		
CURRENT NOTICE PERIOD:		

PREVIOUS EMPLOYMENT (MOST RECENT FIRST, PLEASE ACCOUNT FOR ANY GAPS)				
NAME AND ADDRESS OF EMPLOYER	POSITION HELD (inc. FT or PT)	FROM	TO	REASON FOR LEAVING

NHS EMPLOYMENT (IF APPLICABLE)	
Start date of continuous NHS service (if applicable):	
Months since most recent NHS employment ended (if applicable):	

<p><b>Do you require a visa to work in the UK?</b></p> <p>The Asylum and Immigration Act 1996 makes it a criminal offence for an employer to take on an individual who does not have the right to work in the UK. You may be asked to produce necessary documentary evidence that you are authorised to work in the UK.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
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## **SUPPORTING EVIDENCE**

*Using the job description and person specification provided, please tell us why you think you would be a good candidate for this post and your reasons for applying for this post. You may wish to include relevant aspects of your non-paid work experience and/or voluntary activities (continue on a separate sheet if necessary).*

## DISCLOSURES

If the nature of the work for which you are applying involves direct contact with people who are receiving a health service, we are obliged to ask you, in connection with this application, to disclose any convictions you have, including those considered to be 'spent' under Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

**Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.**

YES ☐ NO ☐

**Are you currently the subject of any investigation or proceedings by a professional or regulatory body in the UK or any other country, and/or have you ever been disqualified from a practice or profession, or required to practice under specific limitations?**

YES ☐ NO ☐

**If the answer to any of the above declarations is YES, please give details below:**

Any information given will be treated in strict confidence and considered only in relation to the job for which you are applying. Any failure to disclose such information may result in disciplinary action or summary dismissal.

## PRE-APPOINTMENT CHECKS

On acceptance of a conditional employment offer, applicants will be required to undertake the following pre-employment checks prior to appointment:

**I consent to a Disclosure and Barring Service check (at a level relevant to the post applying for)**

YES ☐ NO ☐

**I consent to completing a detailed medical questionnaire and understand that I may be required to attend a medical examination prior to being appointed.**

YES ☐ NO ☐

## OTHER INFORMATION

**Are you related to or do you have a close personal relationship with a Trustee, Senior Manager or any other member of staff at Bolton Hospice?**

YES ☐ NO ☐

If YES, please give details below:

## DECLARATIONS

The personal information you have provided to Bolton Hospice will be processed in accordance with current UK Data Protection Legislation, our Data Protection Legislation Policy and our Privacy Policy which is available to view at [www.boltonhospice.org.uk](http://www.boltonhospice.org.uk) or upon request. The main purpose for which we process your personal information is to consider your application for employment, but for further information please see our Privacy Policy. Your information will be held securely and we will never sell it to anyone else. By signing this application form you are giving Bolton Hospice consent to process your details.

I declare that the information contained in this form is true and complete. I understand that if it is subsequently discovered that any information is false or misleading, this may result in disciplinary action or summary dismissal.

**APPLICANT SIGNATURE:**

**DATE:**

## EQUAL OPPORTUNITIES MONITORING FORM

Bolton Hospice is committed to equal opportunities in its employment policy, practices and procedures. Completion of this form is voluntary; however, the information you provide will help us to monitor the effectiveness of our Equality Policy.

The information you provide is confidential. It will be separated from your application form on receipt and will not form any part of the selection process. The information will be collated separately and used solely for monitoring purposes.

<b>POST APPLYING FOR:</b>		<b>DATE:</b>	
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<b>GENDER</b> (please tick the appropriate box)			
<b>Would you describe yourself as:</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

<b>DISABILITY</b> (please tick the appropriate box)			
<b>Do you consider yourself to have a disability?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

<b>RELIGION OR BELIEF</b> (please tick the appropriate box)				
No religion <input type="checkbox"/>	Buddhism <input type="checkbox"/>	Christianity <input type="checkbox"/>	Hinduism <input type="checkbox"/>	Islam <input type="checkbox"/>
Jainism <input type="checkbox"/>	Judaism <input type="checkbox"/>	Sikh <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

<b>ETHNIC / CULTURAL BACKGROUND</b> (please tick the appropriate box)		
<b>White</b> British <input type="checkbox"/> English <input type="checkbox"/> Irish <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Any other White background <input type="checkbox"/>	<b>Asian or Asian British</b> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background <input type="checkbox"/>	<b>Mixed Heritage</b> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other Mixed background <input type="checkbox"/>
<b>Black or Black British</b> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background <input type="checkbox"/>	<b>Other Ethnic Groups</b> Arab <input type="checkbox"/> Any other ethnic background <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

<b>SEXUAL ORIENTATION</b> (please tick the appropriate box)					
Bisexual <input type="checkbox"/>	Gay man <input type="checkbox"/>	Gay woman / Lesbian <input type="checkbox"/>	Heterosexual <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

<b>AGE</b> (please tick the appropriate box)					
16 – 25 <input type="checkbox"/>	26 - 30 <input type="checkbox"/>	31 - 35 <input type="checkbox"/>	36 - 40 <input type="checkbox"/>	41 - 45 <input type="checkbox"/>	46 - 50 <input type="checkbox"/>
51 - 55 <input type="checkbox"/>	56 - 60 <input type="checkbox"/>	61 - 65 <input type="checkbox"/>	66 + <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	