



hospice care for children  
and young people

**CONFIDENTIAL**

Registered Charity No 517919  
Company Number 2016332

If you require this application  
form in an alternative format  
please contact us on our email  
address or telephone us on  
01937 845045

Send to:

**MARTIN HOUSE**

Grove Road, Clifford, Wetherby  
West Yorkshire, LS23 6TX

Email: [hr@martinhouse.org.uk](mailto:hr@martinhouse.org.uk)

## APPLICATION FOR EMPLOYMENT

This form must be completed in full in order for your application to be considered.

POSITION APPLIED FOR	HOW DID YOU FIND OUT ABOUT THIS POSITION?

### PERSONAL DETAILS

FORENAMES	TITLE	SURNAME
HOME ADDRESS	CONTACT DETAILS	NAME AND ADDRESS OF NEXT OF KIN
Postcode:-	Telephone numbers:-  E-mail address:-	Telephone number:-
NATIONAL INSURANCE NO.	DO YOU REQUIRE A WORK PERMIT TO WORK IN THE UK? If YES, give details	
	YES/NO	
DO YOU HAVE A CURRENT DRIVING LICENCE? If YES, give details of any points*	YES/NO	

### REASON FOR APPLYING

Using the Person Specification for this role as a guide, please outline under each point how your skills and abilities meet the requirements of this particular post. It will not be sufficient to simply list skills and abilities, you should provide examples of these in your application.

Continue on a separate sheet if necessary

\* Care team staff and some other staff may be required to drive a pool car as part of their role.

**REASON FOR APPLYING, cont**

## EDUCATION AND QUALIFICATIONS

PROFESSIONAL TRAINING AND QUALIFICATIONS:  
(Include professional registration number and expiry date if appropriate)

OTHER TRAINING OR EXPERIENCE WHICH MAY BE RELEVANT:

## PRESENT OR MOST RECENT EMPLOYMENT

JOB TITLE	START DATE	DATE LEFT OR NOTICE REQUIRED	WAGE/SALARY
NAME OF EMPLOYER	ADDRESS		
MAIN DUTIES AND RESPONSIBILITIES		REASON FOR LEAVING	

## REFERENCES

PLEASE GIVE THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TWO PEOPLE WHO ARE AVAILABLE TO GIVE WORK EXPERIENCE REFERENCES. THIS SHOULD INCLUDE ONE FROM YOUR PRESENT OR MOST RECENT EMPLOYER.

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## EMPLOYMENT HISTORY (Continue on a separate sheet if necessary)

DATES		NAME AND ADDRESS OF EMPLOYER	MAIN DUTIES AND RESPONSIBILITIES	REASON FOR LEAVING
FROM	TO			

## ADDITIONAL DETAILS

LANGUAGE SKILLS - Do you speak/write or use any language other than English?

SPEAK:

WRITE:

USE:

### THE REHABILITATION OF OFFENDERS ACT 1974.

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties.

If the role you are applying for does **not** involve working with children or vulnerable adults please complete section A

If the role you are applying involve working with children or vulnerable adults please complete section B

#### Section A (Role does **not** involve working with children or vulnerable adults)

**Have you ever been convicted of a criminal offence in the UK or any other country?** YES/NO

(You do not need to disclose convictions deemed as 'Spent' under the rehabilitation of Offenders legislation)

If YES, please give details:

#### Section B (Role involve working with children or vulnerable adults)

Your answer to the following question should **include any "spent"** convictions:

**Have you ever been convicted of a criminal offence in the UK or any other country?** YES/NO

If YES, please give details:

**Are you the subject of any police investigation or prosecution?** YES/NO

If YES, please give details:

**Are you, or have you ever been, the subject of any investigation or proceedings by any Professional Regulatory Body or any other organisation?** YES/NO

If YES, please give details:

**Have you ever been disqualified from practising your profession, or been the subject of any limitations to your practice following investigation by a regulatory body in the UK or any other country?** YES/NO

If YES, please give details:

## DECLARATION AND CONSENT

- |   |        |
|---|--------|
| • I confirm that the information given on this form is true and complete to the best of my knowledge. I agree that any deliberately false or misleading information will be sufficient cause to, reject my application, withdraw any offer made or if employed to dismiss without notice.   | YES/NO |
| • I am fit to carry out the duties of the position applied for.   | YES/NO |
| • If required, I agree to give consent to approach my medical practitioner for a medical report or to attend an Occupational Health Practitioner in order to confirm that I am fully fit and able to carry out the functions/duties that are intrinsic to the job and/or, where appropriate, to provide assistance on whether any reasonable adjustments can be made. | YES/NO |
| • If I am successful the employer may process the information contained on this form in accordance with Data Protection Legislation.  | YES/NO |
| • If I am unsuccessful the employer may retain my details in accordance with Data Protection Legislation and may contact me should other vacancies arise that I may be more suitable for.   | YES/NO |
| • I agree to my employer releasing information where appropriate in circumstances where validation of the information given is required.  | YES/NO |

Signed:

Date:

Please now complete the following Equal Opportunities Monitoring Form

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## EQUAL OPPORTUNITIES MONITORING FORM

**We ask you to complete this form to assist us monitoring our practice in recruitment only.  
This will be separated from your application on receipt by the HR Administrator  
and any shortlisting panel will not be allowed to see it.**

**PLEASE NOTE: For the above reason, if you have an impairment or disability that might affect  
an interview with us, and you would like us to make some adjustment for you,  
you should inform us of this in the body of your application, above.**

**You are not obliged to complete this equal opportunities monitoring form,  
but we would respectfully ask that you do.**

NB: Categories defined by ACAS

<b>ETHNIC GROUP:</b> How would you describe yourself? Choose ONE section from A to E, and then tick the appropriate box					
	Tick x			Tick x	
A		Asian or Asian British	B		Black or Black British
		Bangladeshi			African
		Indian			Caribbean
		Pakistani			
		Any other Asian background, please state .....			Any other Black background, please state .....
	x	<i>example</i>			
	Tick x			Tick x	
C		Chinese or other ethnic group	D		Mixed Heritage
		Chinese			White and Asian
		Any other, please state .....			White and Black African
					White and Black Caribbean
					Any other Mixed background, please state .....
	Tick x			Tick x	
E		White	F		Prefer not to say
		British			
		English			
		Irish			
		Scottish			
		Welsh			
		Any other White background, please state .....			

<b>DISABILITY:</b> Do you consider yourself to have a disability or a long-term health condition?					
Tick x		Tick x		Tick x	
	Yes		No		Prefer not to say
What is the effect or impact of your disability or health condition?					
Please describe.....					



<b>Gender:</b> Would you describe yourself as					
Tick x		Tick x		Tick x	
	Female		Male		Prefer not to say

<b>Sexual Orientation:</b> What is your sexual orientation					
Tick x		Tick x		Tick x	
	Bisexual		Gay man		Gay Woman / Lesbian
	Heterosexual / Straight		Other		Prefer not to say

<b>Age:</b> What is your age:					
Tick x		Tick x		Tick x	
	15 - 20		21 - 30		31 - 40
	41 - 50		51 - 60		61 - 70
	71 - 80		81 - 90		

<b>Religion and Belief:</b> Please tick the box that best describes you					
Tick x		Tick x		Tick x	
	Buddhist		Christian		Hindu
	Jewish		Muslim		Sikh
	Other religion or belief, please state .....		No religion		Prefer not to say

**Thank you for completing this form for us**