

**Broad Lane
Rochdale
OL16 4PZ**



APPLICATION FORM

Please complete in *block capitals in black ink or typescript.*

CLOSING DATE: _____ **Where did you see this vacancy?** _____

MOBILE TEL: EMAIL ADDRESS:

FROM	TO	Name of School/College/ University etc.	Course(s) taken with results and grades
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EMPLOYMENT HISTORY (most recent first)

FROM	TO	Employer's name/ address	Job Title and outline of main duties (including salary)	Reason for leaving or period of notice

REFERENCES

Please give the names and addresses of two referees. References will not be taken up until an offer has been made.

1. _____

2. _____

*** REHABILITATION OF OFFENDERS ACT**

This role may involve contact with patients. You must, therefore, declare any convictions you may have had including those considered as spent under the above Act. Any information given is, of course, in confidence and considered only in relation to the job for which you are applying. Do you have any convictions, reprimands or final warnings that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 20130 1198.

☐ YES

☐ NO

If YES, please send confidential letter of explanation to the Chief Executive at Springhill Hospice

ADDITION INFORMATION ABOUT YOU

Please tell us a little bit about yourself – your interests, hobbies, voluntary work, memberships etc,. In particular, please indicate the skills and experience you have which you feel would support your application.

* PROFESSIONAL/REGULATORY BODY

Are you the subject of any current investigation or proceedings by a professional or regulatory body in the UK or any other country?

☐ YES ☐ NO If YES, please give details on a separate sheet of paper.

Have you ever been disqualified from acting as a Trustee:

☐ YES ☐ NO If YES, please give details on a separate sheet of paper.

Have you ever been disqualified from the practice of a profession or required to practice under specific limitations?

☐ YES ☐ NO If YES, please give details on a separate sheet of paper.

Have you ever been referred to, or included on, a POVA list:

☐ YES ☐ NO If YES, please give details on a separate sheet of paper.

Are you related to any Trustee or member of staff of Springhill Hospice?

☐ YES ☐ NO

If YES, please give details: _____

DATA PROTECTION NOTIFICATION:

(Please read carefully before signing this application)

The information you have provided in completing this application form will be used to process your application. Springhill Hospice will keep the information you have supplied confidential and will not divulge it to third parties, except where required by law, or where we have retained the services of a third party representative to act on your/our behalf.

AUTHORISATION: I have read the Data Protection notification and understand and agree to the use of my personal data in accordance with the Data Protection Act 1998.

SIGNED: _____ DATE: _____

* DECLARATION

I declare that the information given on this form and supporting documents, is complete and correct to the best of my knowledge. I understand that should I be offered the role of Trustee by Springhill Hospice and at a later date this information is found to be incomplete or incorrect, this may be considered as just reason to terminate my employment.

SIGNED: _____ DATE: _____

SPRINGHILL HOSPICE IS AN EQUAL OPPORTUNITIES EMPLOYER AND HAS A NO SMOKING POLICY. ALL POSTS ARE SUBJECT TO A DBS CHECK. IF YOU REQUIRE MORE INFORMATION ON THIS PLEASE REFER TO www.crb.gov.uk

For Office Use Only

DBS Reference Number _____ Countersignature _____

Date: _____