

EMPLOYMENT HISTORY (current or most recent employer first)

Please include temporary posts and work experience.

FROM - TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE & DUTIES	REASONS FOR LEAVING	GRADE/ SALARY

Notice period required in current post:

HEALTH & GENERAL ATTENDANCE

Please give details of the number of days and occasions you have been absent from work in the past two years as a result of ill health.

Please give details of any illness that has caused you to be absent from work for 10 or more consecutive days during the past two years.

REFERENCES

Please supply the names of two people to whom we can write for references, one of whom should be your current employer and the other a recent former employer.

1. Name:

Company:

Address:

Tel. No.

May we approach your referee before interview?

YES / NO

2. Name:

Company:

Address:

Tel. No.

May we approach your referee before interview?

YES / NO

DECLARATION 1

Hospice in the Weald is exempt from the Rehabilitation of Offenders Act. You are therefore required to declare:

1. Have you been or are you the subject of fitness to practice proceedings including by an Overseas licensing or regulatory body? Yes No
2. Have you been or are you currently the subject of any police investigation or conviction in this or any other country? Yes No
If you answer Yes to either, please state details on a separate sheet and enclose with the application form.

Signed Dated

DECLARATION 2

Please read the following before signing this application:

I confirm that the above information is complete and correct and that any untrue or misleading information will give the employer the right to reject my application, to withdraw any employment contract offered or, if employed, dismiss without notice.

I agree that the information provided in this application form may be processed by the employer in relation to my application for this post to assist in the decision making process. I further expressly agree that, should it be necessary to validate any of the information provided herein, the employer may release this information for verification purposes. If successful in my application it is agreed that any information provided will be retained by the employer in a secure confidential file and the contents only used for necessary business purposes subject to my express consent for disclosure where necessary.

Signed Dated

PLEASE RETURN THIS FORM TOGETHER WITH YOUR CV AND COMPLETED EQUAL OPPORTUNITIES MONITORING FORM TO:

Alexis Roberts
Human Resources Manager
Hospice in the Weald
Maidstone Road
Pembury
Tunbridge Wells
Kent TN2 4TA

SUPPORTING INFORMATION

This page gives you an opportunity to provide further information in support of your application, to show how you satisfy the essential and desirable criteria on the person specification, and to state the reasons for your application.