**Please use Black Ink and complete ALL Sections.**

**Completed application forms should be returned by the closing date to:**

HR Department

Little Havens Children’s Hospice

Daws Heath Road

Thundersley

Essex

SS7 2LH

or alternatively emailed to**:** [**recruitment@havenshospices.org.uk**](mailto:recruitment@havenshospices.org.uk)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Post Applied For** |  |  |
|  | **How did you hear about this vacancy?** |  |  |

### Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Family Name** |  |  |
|  | **Forename(s)** |  |  |
|  | **Address** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Home Telephone No.** |  |  |
|  | **Mobile Telephone No.** |  |  |
|  | **Email Address** |  |  |

### General Application Information

|  |  |  |
| --- | --- | --- |
|  | **Are you currently an employee or a volunteer with the Charity?** | Yes / No |
|  | **Have you got the legal right to work in the UK?** | Yes / No |
|  | **If you are selected for interview, do you have a disability that will require us to make specific arrangements to enable your application to be considered on a fair and equal basis? If yes, please provide details:** | Yes / No |

**Professional Registration and Qualifications**

|  |  |  |
| --- | --- | --- |
| **Please provide details of any relevant professional registration and qualifications held:** | | |
| **Date Obtained** | **Qualification / Registration Body and Number** | **Expiry Date** |
|  |  |  |

**General Education and Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please provide details of any qualifications obtained at school or places of further and higher education:** | | | |
| **Date Obtained** | **School or Educational Establishment** | **Qualification / Subject** | **Grade** |
|  |  |  |  |

### Training and Development

|  |  |  |
| --- | --- | --- |
| **Please provide details of any other training and development that you have undertaken which is relevant to the position you are applying for** | | |
| **Date Obtained** | **Course Title** | **Training Provider** |
|  |  |  |

**Present / Last Employer**

|  |  |  |
| --- | --- | --- |
| **Position:** |  | **Key Duties and Responsibilities:** |
| **Employers Name & Address** |  |
|  |  |
|  |  |
|  |  |
| **Date Started:** |  |
| **Current Salary:** |  | **Reason for Leaving:** |
| **Notice Required or Date Finished** |  |

### Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Please provide details of any positions held since leaving full time education, continuing onto a separate sheet where required, starting with the most recent position first. **(Please note that it is our policy to contact all your previous employers in the last 5 years so ensure that you complete this section in full)** | | | |
| **Date From** |  | **Employer (Name & full address including postcode)** | |
| **Date To** |  |  | |
| **Position** |  |
| **Reason for Leaving** |  | Contact Name to write for References (include email address if known) |  |
| **Date From** |  | **Employer (Name & full address including postcode)** | |
| **Date To** |  |  | |
| **Position** |  |
| **Reason for Leaving** |  | Contact Name to write for References (include email address if known) |  |
| **Date From** |  | **Employer (Name & full address including postcode)** | |
| **Date To** |  |  | |
| **Position** |  |
| **Reason for Leaving** |  | Contact Name to write for References (include email address if known) |  |
| **Date From** |  | **Employer (Name & full address including postcode)** | |
| **Date To** |  |  | |
| **Position** |  |
| **Reason for Leaving** |  | Contact Name to write for References (include email address if known) |  |

### Breaks in Employment

|  |
| --- |
| **If you have had any breaks in employment since leaving full time education, please give details of these periods and any activities undertaken** |
|  |

**Supporting Information**

|  |
| --- |
| **Please provide any further information regarding your skills, knowledge and experience that you believe is relevant to your application. Please continue on a separate sheet if necessary** |
|  |

### References

|  |  |  |  |
| --- | --- | --- | --- |
| **Please provide details of a personal referee, that we may contact if necessary.** | | | |
| **Name** |  | **Address** |  |
| **Telephone No.** |  |  |  |
| **Relationship to you:** |  |  |  |
| **Email Address** |  |

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### Declaration

|  |
| --- |
| Under the General Data Protection Regulations Act May 2018, the holding and processing of personal information, especially sensitive personal data, is subject to certain provisions, including seeking your consent to hold that information. By signing this form, you are giving your consent for the Hospice to process information about you, both manually and electronically in connection with your application  I declare that the information given in this form is, to the best of my knowledge, correct. I understand that giving false information/ omitting to give information could result in the withdrawal of an offer of employment or disciplinary action, up to and including dismissal. |
|
|

**Should you not hear from us please assume that on this occasion you have not been successful.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Signed: |  | Date: |  |