#### C:\Users\nhaggan\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\3GVL9VPR\2016 Stage 2 Hospice Logo jpeg.jpg

#### ALICE HOUSE HOSPICE

Application for Employment

**POSITION APPLIED FOR:...........................................**

###### SECTION 2:

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualifications** | **Place of Study** | **Grade/Results** | **Year Obtained** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Training Course Attend** |
| **Course Title** | **Training Provider** | **Duration** | **Year Obtained** |
|  |  |  |  |

|  |
| --- |
| **Clinical Staff ONLY** |
| **Professional Body & Membership** |  |
| **Pin Number** |  |
| **Expiry/Renewal Date** |  |
| **Are you or have you been subject to a fitness to practice investigation** |  |
| **Have you been removed from a professional register or had restrictions on practice?** |  |

|  |
| --- |
| **Employment History last 10 years** |
| **Job Title** | **Dates from/to** | **Grade** | **Salary** |
|  |  |  |  |
| **Employer Name:** |  |  |  |
| **Employer Address:** |  |  |  |
| **Reason for Leaving:** |  |  |  |
| **Brief description of duties and responsibilities:** |  |

|  |
| --- |
| **Employment History last 10 years** |
| **Job Title** | **Dates from/to** | **Grade** | **Salary** |
|  |  |  |  |
| **Employer Name:** |  |  |  |
| **Employer Address:** |  |  |  |
| **Reason for Leaving:** |  |  |  |
| **Brief description of duties and responsibilities:** |  |

**If you have had a gap in your employment please give details.**

|  |
| --- |
| **Supporting Information (Please use this section to explain how you meet the core requirements of the job description and in particular how you compare with the person specification as this is used for short listing purposes.)** |
| ***Please use separate sheet if required*** |
| **References** **Please provide the name and address and telephone number of two present/most recent employers.** |
| Name; **Address;****Postcode;** **Contact Number;**Email Address;  | Name; **Address;****Postcode;****Contact Number;**Email Address;  |
| Please indicate if we are able to contact them prior to an offer of employment:YES/NO |
| Please indicate if you are related to any member of staff currently working at Alice House Hospice:YES/NO |

|  |
| --- |
| Please return your completed application form to Sarah Athey  Administration Officer  Alice House Hospice Wells Avenue Hartlepool TS24 9DA HR@alicehousehospice.co.ukPlease remember to sign your declaration at the foot of Section 1. |

|  |
| --- |
| (**Office Use)****Application Number** |

*Hartlepool Hospice Ltd (known locally as Alice House Hospice and formally Hartlepool and District Hospice) is a charity within England and Wales registered with Charity Number 510824.*

*Hartlepool Hospice Ltd is a company Limited by guarantee and registered in England and Wales with Company Number 1525658.*

*Registered office: Alice House, Wells Avenue, Hartlepool, TS24 9DA*