

JOB APPLICATION FORM

PLEASE COMPLETE THIS FORM IN BLACK INK

LOROS

Hospice Care for Leicester, Leicestershire & Rutland

Being there for *you*
and *your family*

Post applied for:

PERSONAL DETAILS

Surname:	Forename:
Address:	
	Postcode:
Telephone - Home:	Telephone - Work:
Telephone - Mobile:	Email address:
Do you hold a current driving licence?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is this a clean licence? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, please give details:	
Do you have use of a car?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you were offered employment, how soon would you be able to start?	
If shortlisted, could you attend for an interview on the date(s) specified (if any)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
How did you learn of this vacancy?	
In order for us to be able to support you, have you suffered the bereavement of a close relative within the last two years?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you related to any LOROS employee?	YES <input type="checkbox"/> NO <input type="checkbox"/>

REFERENCES

All appointments are subject to satisfactory references.

Please give below the names and addresses of two people who are not related to you and who can comment upon your suitability for the post. If you are or have been employed we require a reference from your present, or most recent, employer. If you have been with your present employer for less than eighteen months we also require a reference from your previous employer. All references are held in strict confidence.

REFERENCE 1

Name:
Status:
Address:
Postcode:
Daytime telephone number:
Email:

REFERENCE 2

Name:
Status:
Address:
Postcode:
Daytime telephone number:
Email:

We will obtain your permission prior to taking up references.

Have you ever been subject to any "disciplinary proceedings" within your current or previous employment and/or subject to any "fitness to practise" proceedings in the UK or in any other country? YES NO

If YES, please give details:

Are any investigations taking place or are there any resolved issues against you either within your current or previous employment or by any regulatory body in the UK or in any other country? YES NO

If YES, please give details:

EDUCATIONAL QUALIFICATIONS

Give most recent qualifications first.

If shortlisted you should be prepared to provide proof of any qualifications and registration.

SECONDARY / NVQ / GNVQ / DIPLOMA / DEGREE

Dates		Name of School, College and/or University	Major subjects taken	Qualifications attained
From	To			

PROFESSIONAL QUALIFICATIONS AND MEMBERSHIP OF PROFESSIONAL BODIES

What professional qualifications do you hold?

Dates		Award giving body qualification & level	Give details of major subjects taken and where studied, examinations taken and results attained	Professional Registration No. (for example, NMC)
From	To			

RELEVANT TRAINING AND POST QUALIFICATION / REGISTRATION COURSES

Training provider	Details of course	Full time/part time	Date(s) undertaken

IMMIGRATION STATUS

Are you a British Citizen or European Community National?

YES NO

If **NO**, is there any restriction placed upon the length of time that you may stay in the United Kingdom?

YES NO

If **YES**, do you require a work permit or permission to work in the United Kingdom?

YES NO

Permit number:

Expiry date:

Type:

EMPLOYMENT HISTORY

Give most recent first.

List all previous positions held, giving reasons for any gaps. You may attach additional sheets if required.

Employer's name and full address	Dates from / to (month & year)	Job title and main duties	Reason for leaving and salary

MEDICAL INFORMATION

Do you consider that you have any disability or health problems which will affect how you carry out any requirements of this particular job? (This is only relevant to those jobs where you would be required to undertake a function that is intrinsic to the job).

YES NO

If **YES**, please give details and specify any reasonable adjustments required:

Do you require any assistance to attend and participate in an interview?

YES NO

If **YES**, please specify any reasonable adjustments required:

EQUAL OPPORTUNITIES POLICY STATEMENT

LOROS aims to ensure that no individual receives more or less favourable treatment on the grounds of race, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, sex and sexual orientation and religion or belief.

In order for us to monitor the effectiveness of our policy we would like you to complete this form and return it with your application.

If you do not feel comfortable disclosing any characteristics on this form please select the "prefer not to answer" option.

This information will be processed anonymously and will be treated in the strictest confidence in accordance with the Data Protection Act 2018. This information will be used solely for the purposes of the monitoring of our policy and for statistical purposes.

This information will be kept separate from your application form.

WHAT IS YOUR GENDER?

Female Male Other (if you marked "other" how would you describe yourself)

Prefer not to answer

DO YOU IDENTIFY WITH THE SAME GENDER AS THE ONE YOU WERE BORN WITH?

Yes No Prefer not to answer

WHAT IS YOUR DATE OF BIRTH?

| |

Age band: (please tick)

less than 25 years 25-29 30-34 35-39 40-44 45-49
 50-54 55-59 60-64 65-69 70-74 75 plus

PLEASE CHOOSE ONE OPTION THAT BEST DESCRIBES YOUR RELATIONSHIP STATUS

Divorced/Dissolved civil partnership Single
 In a relationship Widowed/Surviving civil partner
 Living with partner Other please describe:-
 Married/civil partnership Prefer not to answer
 Separated but still legally married or in a civil partnership

SEXUAL ORIENTATION

Bisexual Gay female/lesbian Gay Male Heterosexual
 Other (if you marked "other" how would you describe yourself)
 Prefer not to answer

ARE YOU PREGNANT?

Yes No Prefer not to answer

PLEASE CHOOSE ONE OPTION THAT BEST DESCRIBES YOUR ETHNIC GROUP OR BACKGROUND

Asian/Asian British

- Bangladeshi or British Bangladeshi
- British Asian
- Chinese
- Indian or British Indian
- Pakistani or British Pakistani
- Sri Lankan
- Other please describe:

Black/African/Caribbean/Black British

- African
- Caribbean
- Somali
- Other please describe:

Mixed/multiple ethnic groups

- White and Asian
- White and Black African
- White and Black Caribbean
- Other please describe:

White

- English/Welsh/Scottish/Northern Irish/British
- European Mixed
- Gypsy or Irish traveller
- Irish
- Polish
- Western European
- Other Eastern European
- Other please describe:

Other ethnic group

- Arab
- Other please describe:

PLEASE CHOOSE ONE OPTION THAT BEST DESCRIBES YOUR RELIGION OR BELIEF

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Bahai | <input type="checkbox"/> Hindu | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jain | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Christian (including Church of England Catholic, Protestant, and all other Christian Denominations) | <input type="checkbox"/> Jewish | <input type="checkbox"/> Other please describe |
| | <input type="checkbox"/> Muslim | |
| | <input type="checkbox"/> No religion | |

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, OR A LONG TERM ILLNESS, PHYSICAL OR MENTAL HEALTH CONDITION?

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term effect (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day to day activities.

- Yes No Prefer not to answer

If you have answered "yes" to this question, please state the type of impairment that applies to you. People may experience more than one type of impairment.

Details (including any special requirements)
