



HOSPICE
Hospice Isle of Man, Strang, Douglas IM4 4RP

JOB APPLICATION FORM

To assist us please ensure you answer each section, either by answering the question or circling the appropriate answer. The Charity is an equal opportunities employer.

VACANCY DETAILS:

Position applied for:	Location/Department:
Where did you hear about the vacancy?	If appointed earliest date available to commence:

PERSONAL DETAILS: please complete in **BLOCK CAPITALS**

Surname:	Title (Mr, Mrs, Miss etc.):	
Forenames:	Private Telephone No: Mobile Telephone No:	
Maiden Name:	Business Telephone No: (are we able to contact you at work Yes/No)	
Address:	Email address:	
Postcode:		
Do you require an Isle of Man Work Permit?		Yes / No
Disclosure & Barring Service Certificate (valid within 6 months)		Yes / No
Are you prepared to undergo a medical examination:		Yes / No
Do you hold a full current driving licence?		Yes / No
Dates and times during the next month when you are unable to attend for interview		
Details of any holidays booked		

SKILLS & EXPERIENCE:

What skills / experiences do you have that would make you the best candidate for this role?

Have you been subject to any Disciplinary procedure? yes/no

Have you any endorsements recorded with your professional regulatory body? Yes/no

EMPLOYMENT HISTORY: please state the most recent first last 20 years for nursing applications last 10 for all other applications continue on a separate sheet if necessary

Employer:	Type of business:
Salary:	
Position Held:	Dates from: to:
Main responsibilities:	
Reason for leaving / wishing to leave:	

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SECONDARY / FURTHER EDUCATION: please state most recent first
For nursing applications please include your NMC Registration Details

Name & Address School/College/University	Dates attended	Subject	Qualification	Grade	Date achieved

PROFESSIONAL QUALIFICATIONS:

Education Provider	Qualification	Date achieved

VOLUNTARY & COMMUNITY WORK EXPERIENCE:

Organisation	Position(s) Held	Dates From / To	Duties

LEISURE ACTIVITIES:

Please provide brief details of your hobbies, sport and leisure pastimes in which you participate:

REFERENCES:

Please indicate two people who can provide references for you – one of whom should preferably be your present/most recent employer. If you have not worked before, please nominate a referee from school, college or university. References will only be obtained on successful applicant.

Referee Name:		Referee Name:	
Occupation:		Occupation:	
Company Name:		Company Name:	
Address:		Address:	
Tel No.:		Tel No.:	
E-mail:		E-mail:	

REHABILITATION OF OFFENDERS ACT 2001

This post is exempt from the provision of the rehabilitation of Offenders Act by an Exemption Order. Therefore applicants are not entitled to withhold information about convictions or cautions which for other purposes under the Act are "spent". Failure to disclose any such conviction could result in dismissal or disciplinary action.

I understand that this appointment, if offered, will be subject to the information given on this form being correct.

With the exception of minor motoring offences, have you ever been convicted or cautioned of any criminal offence by a Court of Law? YES / NO If "YES" please provide brief details of the offence(s) and relevant dates:

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Signature.....Date.....

EMPLOYEE DECLARATION & SIGNATURE:

ANY PERSON, UPON SUBSEQUENT EMPLOYMENT, THAT IS FOUND TO HAVE KNOWINGLY SUPPLIED FALSE OR MISLEADING INFORMATION, OR HAS DELIBERATELY WITHHELD RELEVANT INFORMATION, WILL BE SUMMARILY DISMISSED

I have read and understood the information supplied to me in relation to this Job Position, and the information requested in this Job Application Form. I confirm that all information supplied by me is true and correct to the best of my beliefs.

I give the prospective employer the right to follow up all references and to make any other job-related enquiries as may be deemed necessary.

The information provided on this application form will remain private and confidential and will be used for the purpose of recruitment and selection. Where the application is successful, Hospice Isle of Man will process this information for personnel administration and business management purposes. Any data collected by Hospice Isle of Man will be in compliance with the requirements of the EU General Data Protection Regulation (GDPR) May 2018.

Where the application is unsuccessful we will retain information for 6 months before being securely destroyed. Hospice Isle of Man, Share the Care Ltd and their associates will not pass your contact details to others without your consent. Refer to our privacy notice which can be found on our website or by contacting gdpr@hospice.org.im

Signature.....Date.....

Please note that if you have a disability and you require having this form, or submitting the information with regard to this form in another format, such as in larger print or audio-tape, please contact us by writing or telephoning our HR Department.

If you wish to receive information from us by email regarding events, newsletter or fundraising please place a cross here.

Please be aware that you can withdraw your consent for receiving this type of information at any point by contacting the Hospice Marketing team please email fundraising@hospice.org.im