

**Rowans Hospice Application Form**

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| The information provided on this form will be used by Rowans Hospice to assess your suitability for the role you have applied for and subsequently manage the employment contract or volunteer relationship. You do not have to provide what we ask for but it might affect your application or the way in which we can support you if you don’t. For further details on how we use your information, please see our Privacy Notice which can be found on our website [www.rowanshospice.co.uk](http://www.rowanshospice.co.uk)  |
| **Position applied for:** |
| **1. Personal Details** |
| Title: (Mr/Mrs/Miss/Ms) | Surname: |
|  | Forename: |
| Tel No: (Home) | Address: |
|  (Work ) |  |
|  (Mobile) |  |
|  |  |
| Email Address: | Post Code: |
|  |  |
| **2. Education**  |
| School/CollegeF.E./University | DatesFrom To | Subjects studied or Qualifications gained | Grade | DateObtained |
|  |  |  |  |  |  |
| **3. Professional/Technical Qualifications or Membership** |
| Professional Body or Training Establishment | DatesFrom To | Qualification or Grade Membership | RegistrationEnrolment Number |
|  |  |  |  |  |
| **4. Employment/Volunteering Details**Please record the details of your previous employment or volunteering beginning with the most recent first, and giving full career history details. Please explain any gaps in employment in the ‘Supporting Information’ section below.  |
| Employer/Volunteer organisation(Most recent first) | Position Held | DatesFrom To | Salary/Grade | Reason forLeaving |
|  |  |  |  |  |  |
| **5. References** |
| Please provide details of the people who have agreed to supply references. For all positions written references obtained must cover the preceding seven years of employment. If you are, or have been employed, these should be your recent employers and may include your line manager or People Services Department. If you are unable to provide a work reference, please provide character references. This should be people who know you in a professional capacity. Personal references such as friends and relatives are not acceptable. If you are a student please provide contact details of a teacher at your school college or university.  |
| **Reference 1** |
| Name: | Job title: |
| Address: |
| Email: | Telephone Number: |
| Relationship:  |
| **Reference 2** |
| Name: | Job Title: |
| Address: |
| Email: | Telephone Number: |
| Relationship  |
| **Reference 3** |
| Name: | Job Title: |
| Address: |
| Email: | Telephone Number: |
| Relationship: |
| **Reference 4** |
| Name: | Job Title: |
| Address: |
| Email: | Telephone Number: |
| Relationship: |
| **Reference 5**  |
| Name: | Job Title: |
| Address: |
| Email: | Telephone Number: |
| Relationship: |  |
| **Please continue on a separate sheet if necessary****6. Supporting Information** Please give your reasons for applying for this position and additional information which shows how you match the person specification or volunteer role guide. This can include relevant skills, knowledge, experience, voluntary activities and training etc.**Please continue on separate sheet if necessary.** |
| Do you have a current clean driving licence? Yes No Do you own a vehicle? Yes No Have you applied for a position at the Rowans Hospice previously? Yes No If yes, please state position and approximate date of application:………………………………………………………………………………………………………………………………………………………………………Are you related to an employee or volunteer of the Rowans Hospice? Yes No If yes, please state their name and relationship to you:………………………………………………………………………………………………………………………………………………………………………Where did you see this position advertised? Hospice Website Search Engine Other Website Current Employee / Volunteer of Rowans Indeed If other source please state: ……………………………………………………………………………………………………………………. |
| **7. Criminal Convictions** |
| Owing to the vulnerability of people receiving health care, all employee and volunteer roles are exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act. Details of any criminal convictions you may have should therefore be stated below. Failure to disclose this information will result in action being taken. If this does not apply, please write ‘None’ in the space below. |
| **8. Declaration**  |
| The information in this form is true and complete. I understand that if it is subsequently discovered any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed. I agree to the above declaration.Signed: ………………………………………………….................................. Date: ………………………………………………………… |



**EQUAL OPPORTUNITIES MONITORING FORM**

In accordance with its Equal Opportunities statement, the Rowans Hospice Charity will provide equal opportunities to all staff and volunteers and will not discriminate either directly or indirectly because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (including colour, nationality and ethnic or national origins), religion or belief, sex or sexual orientation.

Your personal information is held and used in compliance with the General Data Protection Regulation 2018 (GDPR). Under GDPR, we have a legal duty to protect any information we collect from you and Rowans Hospice is committed to protecting privacy and to processing all personal information in a manner that meets the requirements of the Regulation. We will not pass your details to any third party or government department unless you give us your explicit consent to do so.

In order to enable the Rowans Hospice Charity to ensure compliance with its policy statement, a system of monitoring has been set up. We have only asked for your name so that monitoring can take place both at the application and at the placement stage. Once a placement has been made, the data given on this form will be stored on computer in an anonymised format and the form will then be destroyed. You may decide not to answer one or any of these questions but if you do respond, all information provided will be treated in confidence and will be used solely by the HR team for the purpose of providing statistics for equal opportunities monitoring. The monitoring form does not form part of your application and will therefore be detached from it on receipt and stored separately. You can always mail this form separately if you wish.

Thank you for your assistance in completing this form.

**What is your ethnicity?**

Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which you as an individual perceive you belong. Please indicate your ethnic origin by ticking the appropriate box:

**A White**

☐ British ☐ English ☐ Gypsy or Irish Traveller

☐ Irish ☐ Northern Irish ☐ Prefer not to say

☐ Other White Background (Please specify)

**B Mixed / Multi Ethnic Groups**

☐ White & Black African ☐ White & Black Caribbean ☐ White & Black British

☐ Prefer not to say ☐ Other mixed background (Please specify)

**C Asian / Asian British**

☐ Indian ☐ Pakistani ☐ Bangladeshi

☐ Chinese ☐ Other Asian background (please specify)

☐ Prefer not to say

**D Black / African / Caribbean / Black British**

☐ African ☐ Caribbean ☐ British

☐ Other Black / Caribbean background (please specify)

**E Other Ethnic Group**

☐ Arab ☐ Other ethnic group (please specify)

☐ Prefer not to say

**What is your religion or belief?**

☐ Buddhist ☐ Chinese Folk Religion ☐ Christian

☐ Hindu ☐ Jewish ☐ Muslim

☐ Sikh ☐ Prefer not to say ☐ Ot her (please specify)

**Age**

☐ Under 18 ☐ 18 – 29 ☐ 30 – 39

☐ 40 – 49 ☐ 50 – 59 ☐ 60 – 65

☐ Over 65 ☐ Prefer not to say

**Health**

Do you consider yourself to have a disability or health condition?

☐ Yes ☐No ☐ Prefer not to say

If ‘Yes’, which do you consider is applicable to you?

☐ Physical Disability (Please specify) ☐ Mental Disability (Please specify)

The information on this form is for monitoring purposes only. If you believe you require a ‘reasonable adjustment’ and you are a job applicant, then please ensure you inform the HR team and discuss this at the appropriate time with the manager running the recruitment process.

**Gender**

☐ Male ☐ Female ☐ Transsexual

☐ Intersex ☐ Non-binary ☐ Prefer not to say

☐ Undergone, or undergoing, female to male

☐ Undergone, or undergoing, male to female

☐ If you prefer to use your own term, please specify here

**Sexual Orientation**

**☐** Bisexual ☐ Heterosexual ☐ Homosexual

☐ Prefer not to say ☐ If you prefer to use your own term, please specify here

**Do you have caring responsibilities? Carer / Dependents (Parents / Children / Family Member)**

☐ Yes ☐ No ☐ Prefer not to say

**Marital / Civil Partnership Status**

☐ Married ☐ Single ☐ Civil Partnership

☐ Other (Please Specify) ☐ Prefer not to say

**POSITION APPLIED FOR: DATE:**