



**St Peter
& James**

Hospice and Continuing Care Centre

Registered Office:

North Common Road
North Chailey, Lewes
East Sussex BN8 4ED
Tel. 01444 471598
Fax. 01444 471088
E-Mail: stpeter.stjames@virgin.net
www.stpeter-stjames.org.uk

Charity no. 1056114

Your Application and our Recruitment Process

In response to your enquiry, we are pleased to enclose further information, together with an application form. We hope you will decide to apply and if so, please return your application to the Personnel Manager, marked Private and Confidential.

Your Application

Your application is important to us and the following advice is designed to help you. Whilst you may include a copy of your CV if you wish, it is essential that all sections of the application form are completed, as this will be used as a basis for deciding whether or not you are short-listed for interview and for the interview itself.

The Job Description outlines the main duties of the post and it is important that you indicate how you meet each aspect of the job.

Please complete the application form in black ink as it will be photo copied for the interview panel. Please also ensure that you complete the Declaration of Criminal Convictions.

Disabilities

If you have a disability, please advise us of any help you might need during the application or interview process. Please indicate on your application if additional help would make it possible for you to match the requirements of the post in an alternative but equal manner.

Data Protection

The information given on this application will be either:

- a. Stored in a secure area for the period of your employment should you be appointed, and for a further period of six years following the date of leaving our employment. Aspects of your application will also be stored on files on a computer information system.

OR

- b. If you are not appointed, stored in a secure area for a period of at least six months following application or interview. At the end of this period your records will be destroyed.

Closing Date

The closing date is normally two weeks after the appearance of the advertisement, unless stated otherwise. If you would like to receive an acknowledgement of your application, please provide a stamped, addressed envelope, with your application form.

Unsuccessful applicants will be notified as soon as the selection procedure has been completed.

Short-listing

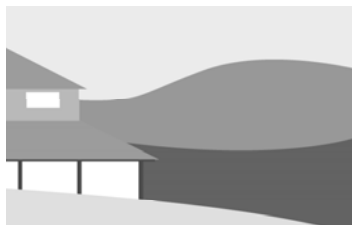
After the closing date, all applications are assessed and those who most closely match the requirements of the job will be called for interview.

Interviews

The interview panel will consist of two or three people who will ask a number of predetermined questions. There may also be supplementary questions based on the information you have given us in your application.

The questions give you the opportunity to show the panel how well you meet the requirements of the post. You will also have the opportunity to ask questions about the job, conditions of service or anything else relating to the Trust.

Records of panel assessments of each candidate will be kept to demonstrate that their decisions are clear, justified and consistent.



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Section A

APPLICATION FOR EMPLOYMENT

Please return this form, together with a completed Health Questionnaire, to the Personnel Manager, at the address below, marking the envelope Private and Confidential.

TITLE OF POST	Office Use Ref:
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PRESENT or MOST RECENT EMPLOYMENT if currently unemployed

Post:	Employer, including full address	
Dates of employment:		
Is this a permanent position? YES NO		
Current salary, allowances, and other benefits	Tel. No.	Post Code STD Code:
NHS Grade (if applicable)	Notice required	
Description of duties (please add further sheets if necessary) Please also give your reasons for seeking alternative employment.		

EMPLOYMENT REFERENCES including your most recent/present employer. References from personal friends or acquaintances will not be acceptable.

WHO MAY WE APPROACH BEFORE INTERVIEW?		Please tick box alongside name	
Name <input type="checkbox"/>		Name <input type="checkbox"/>	
Position		Position	
Address		Address	
Post Code		Post Code	
Tel No: STD Code:		Tel. No: STD Code:	

Registered Office: North Common Road, North Chailey, Lewes, East Sussex. BN8 4ED
 E-Mail: enquiries@stpeter-stjames.org.uk Telephone: 01444 471598

Please give details of any other paid employment you are currently undertaking with which you intend to continue if successful in your application for this post.

Employer	Post	Hours per week	Working hours From	To

PREVIOUS EMPLOYMENT Covering at least the past 10 years, starting with the most recent.

From Date	To Date	Full name, address of Employer	Post	Grade and /or salary	Reason for Leaving

MEMBERSHIP OF PROFESSIONAL BODIES

Date	Organisation	Level of Membership

PROFESSIONAL REGISTRATION (Clinical and other Professional Staff)

Issuing Body	Registration Number	Expiry Date

Successful applicants will be asked to provide proof of qualifications, training and current professional registration as a condition of commencing work.

EDUCATION including professional or technical qualifications, and specialised work related training

From	To	School/College/University	Full /Part time	Qualifications gained with grade

ASYLUM AND IMMIGRATION ACT 1996

If successful in your application for this post, you will be required to provide evidence of your entitlement to live and work in this country. Evidence of your National Insurance Number could include a P45, payslip, a P60, a NI card or a letter issued by one of the Government bodies. Alternatively, a UK European Union or Republic of Ireland birth certificate or passport showing permission to live and work within the U.K

Are you in a position to provide this evidence? YES NO

Do you require a work permit to work in this country? YES NO

If you are an overseas national, please give details of visa/permit currently held.

SUPPORTING INFORMATION

Please include full details of previous experience relevant to the post for which you are applying. It is important that the information you give demonstrates how you can meet the requirements of the job. Please include any major personal or professional achievements.

Please give your reasons for applying for this post and comment on any general, or specific ambitions you might have.

If you are related to a member of the Trust or a member of staff please indicate who you are related to here.

HEALTH Please state any periods of sickness in the last two years with reasons.

DO YOU HOLD A CURRENT DRIVING LICENCE?

GROUP:

Please provide details of any endorsements:

LEISURE ACTIVITIES, INTERESTS AND HOBBIES

How did you hear about this vacancy?

If you saw the advertisement in a publication, which publication was it?

Are you currently the subject of any investigation or proceedings by any body having regulatory functions in relation to health/social care professionals, including such a regulatory body in another country?

Have you ever been disqualified from the practice of a profession or required to practice it subject to specific limitations, following a fitness to practice investigation by a regulatory body in the U.K. or another country?

Are you currently subject to a police investigation in this or any other country?

DECLARATION

I declare that the information contained in section A, B and C of this application form is accurate. I understand that failure to disclose any of the information requested could disqualify me from selection and/or appointment and that if appointed, could lead to dismissal.

I also understand that any appointment offered would be subject to satisfactory occupational health clearance, entitlement to live and work in this country, and satisfactory police check.

I give St. Peter and St. James Trust consent to process the information provided on this form in accordance with the Data Protection Act 1998. I understand the Trust requires the data for operational, managerial and associated purposes relevant to the payment of remuneration, pensions and the maintenance of the Personnel system for all Trust employees. I also understand that should my application be unsuccessful my details will be held on file for six months before being destroyed.

Signature

Date

Section C**PRIVATE AND CONFIDENTIAL****DECLARATION OF CRIMINAL CONVICTIONS**

This post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

Applicants are not entitled to withhold information about convictions, which for other purposes are deemed 'spent' under the provision of the 1974 Act. In the event of employment by the Trust, failure to disclose such convictions could result in disciplinary action by the Trust possibly leading to dismissal.

All information given will be treated as strictly confidential.

Name of Care Home St. Peter and St. James Hospice and Continuing Care Centre
North Common Road, North Chailey, Nr. Lewes. East Sussex.

Name of Applicant BLOCK CAPITALS	
Address BLOCK CAPITALS	

I understand that the position offered is exempt from the Provisions of the Rehabilitation of Offenders Act (Exemptions) Order 1975 and is subject to Disclosure under the Care Standards Act 2000.

I declare that I do not, nor have I ever possessed a criminal record, nor have I been subject to any conditional discharges, bindovers or cautions.

Signed _____ **Date** _____

If you are unable to sign the above declaration, please list any convictions, conditional discharges, bindovers or cautions in this or any other country below.

Date	Offence	Sentence

I declare that the information I have provided is true and I understand that providing false information would lead to my employment being terminated immediately.

Signed _____ **Date** _____

SECTION B**PERSONAL DETAILS****Office Use Reference:**

This section does not form part of the short-listing criteria and the information given will not in any way affect the consideration of your application. The information you provide will be used solely for monitory purposes and will be treated as confidential.

Any offer of employment will be on the understanding that there is nothing in your personal circumstances which might prevent you from taking up the appointment and carrying out the full duties of the post.

POST TITLE

Surname: Mr, Mrs, Miss, Ms
 First Names: Marital Status: (please circle)
 Date of Birth: Married, Separated/Divorced, Widowed, Single
 National Insurance Number: Age of Children (under 18 years)

Please state any previous surnames by which you have been known:

Address:

Post Code: Email address:
 Telephone – Home: Daytime :

Do you regard yourself as having a disability? YES NO

If yes, please give details, including any measures which might help you to perform the duties of the post.

Are you a Registered Disabled Person? YES NO

If yes, what is your registration number?

What is your nationality?

Please tick what you consider to be your ethnic origin.

White Pakistani Black Caribbean
 Bangladeshi Black African Chinese
 Black Other Indian Other
 (please specify below)
 Not known/Prefer not to say