



# APPLICATION FORM

Private and Confidential

**Beaumont House  
Community Hospice**

**32 London Road, Newark, Notts, NG24 1TW  
Telephone: 01636 610556**

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Application for Position of:- \_\_\_\_\_ date:- \_\_\_\_\_

**Please note that the successful applicant will be required to produce documentary evidence of their identity, and may be asked to give consent for an Enhanced Disclosure being obtained from the : -**

**Criminal Records Bureau as all personnel working within Beaumont House may be working with "vulnerable people". Beaumont House adheres to the CRB Code of Practice, a copy of which can be shown to you on request or it is available on the website: [www.disclosure.gov.uk/index.asp](http://www.disclosure.gov.uk/index.asp) This will then show a page entitled "Informed Recruitment The Disclosure".**

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Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Forename(s): \_\_\_\_\_ Address : \_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ National Insurance Number: \_\_\_\_\_

Where did you see the advert \_\_\_\_\_

Do you hold a full clean driving license? YES/NO Do you own motor transport? YES/NO

Do you have business insurance? YES/NO Do you have access to a vehicle? YES/NO

Details of any endorsements \_\_\_\_\_

Do you require a work permit to work in the UK? YES/NO

If YES do you have one? YES/NO

**CURRENT OR MOST RECENT EMPLOYMENT**

Name and Address of employer: \_\_\_\_\_

\_\_\_\_\_ Telephone number: \_\_\_\_\_

Job title and brief details of role: \_\_\_\_\_

Salary / Wage: \_\_\_\_\_ Date commenced: \_\_\_\_\_

Date left (if applicable): \_\_\_\_\_ Notice period required: \_\_\_\_\_

Reason for leaving or wishing to leave: \_\_\_\_\_

**PREVIOUS EMPLOYMENT (covering last 10 years)**

Dates		Name and address of employer	Job Title	Reason for leaving
From	To			

If you have a disability please tell us about any adjustments we may need to make to assist you at interview

Please tell us if there are any dates when you will be unavailable for interview

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**ENTER BELOW DETAILS OF YOUR EDUCATION AND TRAINING**

Secondary School / College / University etc	Qualifications gained	Level & Grade	Dates

**PROFESSIONAL REGISTRATION DETAILS**

Professional Membership Body:

\_\_\_\_\_

Professional Registration No: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Please give details below of any training courses in which you have participated that you feel are relevant to this post. Please include dates and length of course.

Please give a concise account of relevant experience and background and explain why you feel you should be considered for the post. Include any additional information you may wish to be considered in support of your application (using a separate sheet if necessary). Please cross reference with the job description and ensure that you cover all relevant experience.

Please give the names and addresses of two people who can be asked to provide a reference, **one of whom should be your present or last employer**. Both referees should be able to comment on your suitability for the post. Please note we are unable to accept references from relatives.

Current or most recent employment:	
1. Name: _____ Address: _____ _____ _____ Tel: _____ Email: _____ Fax: _____ Capacity in which acting as referee: _____	2. Name: _____ Address: _____ _____ _____ Tel: _____ Email: _____ Fax: _____ Capacity in which acting as referee: _____

**DECLARATION**

I declare that to the best of my knowledge the information I have given is correct. I understand that any information I have given which is later found to be false may render any offer of employment invalid, or render me liable to disciplinary action which may include dismissal if employment has commenced. This is also the case with failure to disclose medical information.

Information given on this form may be entered onto a computer and held and processed in accordance with the terms of the Data Protection Act (1998). It will be treated in a secure and confidential manner.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

When complete please return to:  Beaumont House Community Hospice, 32 London Road, Newark, Notts, NG24 1TW Telephone Number: 01636 610556
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**NB: IF YOU DO NOT RECEIVE AN INVITE TO ATTEND AN INTERVIEW WITHIN 4 WEEKS FROM THE RECEIPT OF YOUR APPLICATION FORM, THEN PLEASE ACCEPT THAT YOUR APPLICATION HAS BEEN UNSUCCESSFUL ON THIS OCCASION.**