

Lakelands Day Care Hospice

Applicant Details



Please ensure you have completed all sections of the form legibly and signed the form

PERSONAL DETAILS

Name:	
Address:	Tel No's: Home: Mobile:
	Position Applied for: (include location)
Post Code:	How did you know of the vacancy?

EMPLOYMENT HISTORY (start with current or most recent employment – paid or unpaid)

Name of Employer:	Job Title and Main Duties:	From: mm/yy	To: mm/yy	Reason for Leaving:

GENERAL EDUCATION:

School/College:	Dates	Courses/Subjects Studies:	Qualifications (If appropriate)

ANY OTHER RELEVANT TRAINING

PLEASE ADD ANY COMMENTS IN SUPPORT OF YOUR APPLICATION

INTERESTS / HOBBIES OUTSIDE OF WORK

REFERENCES:

Any offer of employment will be made subject to references. Please provide the names of **two referees** who can be contacted for information regarding suitability for employment. Where possible these should be **current or previous employers**. Where this is not possible, it is preferred that they are provided by someone who has known you in a professional capacity (e.g., Teacher) rather than a family member. References will not be taken up before an applicant has accepted an offer of employment.

Name:	Name:
Address:	Address:
Tel No. (Inc. area code):	Tel No. (Inc. area code):
Email:	Email:
Occupation:	Occupation:
Relationship (if applicable):	Relationship (if applicable):

General Data Protection Regulation (GDPR)

Any information supplied may be held on paper or computer files and therefore falls within the provisions of the GDPR.

In the event of a successful application a Disclosure and Barring Check will be sought.

Applicant Declaration

I declare that the information contained in this application is correct and understand that in the event that any information provided should prove to be false, Lakelands Hospice may withdraw an offer of employment or, if employment has begun, dismiss me.	
Signed:	Date:

Please note that any application forwarded by email will be regarded as having been signed

RECRUITMENT MONITORING FORM

Lakelands Day Care Hospice is working to ensure that our workforce of staff and volunteers reflects Northamptonshire's diverse population. We can only judge our success in this area if we obtain and track information regarding the gender, ethnicity and disability of people who apply to work with us, and we would appreciate your co-operation by completing the details below.

The information will be kept confidential and used for monitoring purposes.

NAME: **POST APPLIED FOR:**

1. Date of Birth: **2. Gender:** Male ? Female ?

3. Disability:

Lakelands Hospice uses the following definition of a Disability: "a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities".

Do you consider yourself to be a Disabled person? YES / NO

If so, are you registered disabled? YES / NO

4. Ethnic Origin:

How would you describe your ethnic origin? Please tick one box.
(Please note that these categories reflect those used in the 2001 Census)

Asian or Asian British:

Indian
Bangladeshi
Chinese
Pakistani
Any other Asian background

Black or Black British:

Caribbean
African
Any other Black background

Chinese:

Mixed: Group:

White and Black Caribbean
White and Black African
White and Asian
Any other mixed background

White:

British
Irish
Any other White background

Other Ethnic

Other

The collection of equalities information conforms to employment provisions in the Sex Discrimination Act (1975), the Race Relations Act (1976) and the Disability Discrimination Act (1995).