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| JOB APPLICATION FORM | | | | | | | | | | | | | | | |
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| Please complete this form in full and return with a current CV by email to: [**PeopleTeam@jerseyhospicecare.com**](mailto:PeopleTeam@jerseyhospicecare.com) or by post to:  **People Team, Jersey Hospice Care, Mont Cochon, St Helier, Jersey, JE2 3JB.** | | | | | | | | | | | | |
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| **1 PERSONAL DETAILS** | | | | | | | | | | | | | | | |
| **Post applied for:** | | | | | | | | | | | | | | | |
| Surname: | |  | | Previous surname: | | | | | |  | | | | | |
| Forename(s): | |  | | Preferred name: | | | | | |  | | | | | |
| Address: | |  | | | | | | | | | | | | | |
| Post code: | |  | Title: | | | | |  | | | | | | | |
| Telephone numbers. | | Home: | | | | | | Work: | | | | Mobile: | | | |
| Email address:  *(Note: we will use this to correspond with you)* | | | | | | |  | | | | | | | | |
| **1b)** Nationality and locally qualified status*: (please delete or indicate where relevant)* | | | | | | | | | | | | | | | |
| I am a British Citizen / EU National: | | | | | **Yes / No** | | | | | | | | | | |
| If ‘**Yes**’, state your Nationality: | | | | |  | | | | | | | | | | |
| If ‘**No**’, state your Nationality, immigration status and if applicable the expiry date of your Work Permit/Visa: | | | | |  | | | | | | | | | | |
| Are you a Jersey Resident: | | | | | **Yes / No** | | | | | | | | | | |
| If **‘Yes’ ,** state your Residency Status (as detailed on your Registration Card) | | | | | **Entitled / Licenced / Entitled to Work Only / Registered** | | | | | | | | | | |
| If **‘Yes’,**  but you have not lived and worked in Jersey for 10 years, state the date you commenced continuous residency in Jersey | | | | |  | | | | | | | | | | |
| If ‘**No**’, do you qualify under a different residency category: | | | | | **Jersey born / through marriage / other:** | | | | | | | | | | |
| 2 EDUCATION QUALIFICATIONS | | | | | | | | | | | | | | | | |
| GCSE/GCE/ or equivalent | | | | | | Grade | | | Year taken | | 'A' Level, BTEC, QCF/NVQ or equivalent | | Grade | | Year taken | |
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| **b) Further education, professional qualifications and relevant training** | | | |
| Type (diploma / degree / etc.) | Course title and Institute | Dates from / to | Grade |
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| **c) Membership of relevant professional bodies** | | | | | | | | | | | | | | | | |
| Professional Registration No. | | | | | | Awarding Body: | | | | | | Date registered | | Expiry date | | |
|  | | | | | |  | | | | | |  | |  | | |
| Have you ever been subject to investigation by a regulatory body | | | | | |  | | | | | | **Yes/No** | | | | |
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| **3 ADDITIONAL INFORMATION**  Please give a brief account of any relevant experience / voluntary work / knowledge / skills or competencies you have. | | | | | | | | | | | | | | | | |
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| **4 EMPLOYMENT HISTORY**  Starting with your present post, list every employment you have held including service in the armed forces. Please describe your last three jobs in detail so that we can compare your experience with the requirements of the job for which you are applying. | | | | | | | | | | | | | | | | |
| **(a) Present employment** | | | | | | | | | | | | | | | | |
| From: |  | | | To: |  | | | Job title: |  | | | | | | | |
| Salary: |  | | | If a Clinical Role, your Clinical  Pay Grade/Band: | | | | | Details of pension  and other benefits: | | | | | | | |
| Name / address of employer: | | | |  | | | | | | | Hours worked per week: | | | | |  |
| Description of your duties and responsibilities: | | | | | | |  | | | | | | | | | |
| Number of employees supervised by you: | | | | | | |  | | | | Full time or part time: | | | |  | |
| Precise reasons for leaving or wishing to leave: | | | | | | |  | | | | Notice period: | |  | | | |
|  | | | | | | | | | | | | | | | | |
| **(b) Previous employment** | | | | | | | | | | | | | | | | |
| From: |  | | | To: |  | | | Job title: |  | | | | | | | |
| Salary: |  | | | If a Clinical Role, your Clinical  Pay Grade/Band: NM . . . . | | | | | Details of pension and other benefits: | | | | | | | |
| Name / address of employer: | | | |  | | | | | | | Hours worked per week: | | | | |  |
| Description of your duties and responsibilities: | | | | | | |  | | | | | | | | | |
| Number of employees supervised by you: | | | | | | |  | | | | | | | | | |
| Reasons for leaving or wishing to leave: | | | | | | |  | | | | | | | | | |
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| **(c) Previous employment** | | | | | | | | | | | | | | | | |
| From: |  | | | To: |  | | | Job title: |  | | | | | | | |
| Salary: |  | | | If a Clinical Role, your Clinical  Pay Grade/Band: NM . . . . | | | | | Details of pension and other benefits: | | | | | | | |
| Name / address of employer: | | | |  | | | | | | | Hours worked per week: | | | | |  |
| Description of your duties and responsibilities: | | | | | | |  | | | | | | | | | |
| Number of employees supervised by you: | | | | | | |  | | | | | | | | | |
| Precise reasons for leaving or wishing to leave: | | | | | | |  | | | | | | | | | |
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| **(d) Previous employment** | | | | | | | | | | | | | | | | |
| Date From | | Date to | Name and address of employer | | | | | | | Title of Post | | | | | | |
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| **5 HOW DID YOU FIRST FIND OUT ABOUT THIS VACANCY?** | | | | |
| Jersey Hospice Care website : | | **Yes / no** | Press or Publication: | **Yes / no** |
| States website (Gov.je) | | **Yes / no** | Social Security: | **Yes / no** |
| Word of mouth: | | **Yes / no** | Work notice board: | **Yes / no** |
| Recruitment agency: | | **Yes / no** | Facebook | **Yes / no** |
| LinkedIn | | **Yes / no** | Twitter | **Yes / no** |
| Other: |  | | | |

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| **6 REFERENCES**   * Jersey Hospice Care will not approach your present employer prior to interview without your agreement. * Referees should be your previous and most recent employers and should not be related to you. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reference 1 – Present employer and Job Title | | | | | |  | | | | | | | Reference 2 – Previous employer and Job Title: | | | | | | | |  | | | | | |
| Name: | |  | | | | | Title: | |  | | | | Name: | | |  | | | | | | | Title: | |  | |
| Address: | |  | | | | | | | | | | | Address: | | |  | | | | | | | | | | |
| Telephone number: | | | |  | | | | | | | | | Telephone number: | | | | |  | | | | | | | | |
| Email address: | | | |  | | | | | | | | | Email address: | | | | |  | | | | | | | | |
| Reference 3 – Previous employer (if within last 3 years) and Job Title: | | | | |  | | | | | | | | | Reference 4 – For Clinical Roles only - Last Care Role employer (if not currently in a Care Role) and Job Title: | | | | | |  | | | | | | |
| Name: |  | | | | | | | Title: | |  | | | | Name: | | |  | | | | | | | Title: | |  |
| Address: |  | | | | | | | | | | | | | Address: | | |  | | | | | | | | | |
| Telephone number: | | |  | | | | | | | | | | | | Telephone number: | | | |  | | | | | | | |
| Email address: | | |  | | | | | | | | | | | | Email address: | | | |  | | | | | | | |
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| **7 AVAILABILITY** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dates you are not available for an interview: | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| **8 DRIVING LICENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you hold a current and clean driving licence? | | | | | | | | | | | | **Yes / no** | | | | | | | | | | | | | | |
| Do you hold a current Heavy Goods Vehicle licence? | | | | | | | | | | | | **Yes / no** | | | | | | | | | | | | | | |
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| **9 CRIMINAL CONVICTIONS**  Please refer to the ‘*vacancy information*’ sheet to determine whether a Disclosure and Barring Service (DBS) check is required. If the position applied for is exempt from the provisions of Rehabilitation of Offenders (Jersey) Law, 2001, all convictions / sanctions must be disclosed, including any which are deemed ‘spent’ under the law. Failure to disclose such convictions could result in withdrawal of the conditional offer or disciplinary action up to and including dismissal.  The UK Rehabilitation of Offenders Act, 1974 is not applicable in Jersey.  This information will be treated in strict confidence. You are advised that information regarding convictions will not necessarily disqualify you for consideration. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For posts that are subject to DBS disclosure checks - Do you have any spent / unspent convictions? | | | | | | | | | | | | | | | | | | | | | | **Yes / No** | | | | |
| **If yes**, please provide the job title of the post that you are applying for. If you are declaring an offence(s), spent or unspent convictions including the dates and the sentence(s), please included where relevant on a separate sheet and send in a sealed envelope marked private and confidential to the Jersey Hospice Care Human Resources Teamemail: **PeopleTeam@jerseyhospicecare.com** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **10** **HEALTH INFORMATION**  Please confirm that you are in good health and disclose any health related conditions or past medical history that may affect your ability to perform the role or require adjustments within the workplace. Successful applicants are required to undergo pre employment health screening ahead of job offer confirmation. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I declare that I am of good health and have no conditions or past medical history that could affect my ability to fully perform the role outlined within the job description. | | | | | | | | | | | | | | | | | | | | | **Yes / No** | | | | | |
| Please provide details or any conditions, illness or disabilities that may impact on the role that you have applied for. These may be included on a separate sheet or sent in a sealed envelope marked private and confidential to the Jersey Hospice Care People Teamemail:[**PeopleTeam@jerseyhospicecare.com**](mailto:PeopleTeam@jerseyhospicecare.com)Your information will be treated in the strictest confidence to comply with local Disability and Data Protection Legislation. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **11**  **DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby declare that the details shown are correct and complete to the best of my belief. I understand that enquiries may be made to verify these details. I also understand that any false statements or the withholding of any relevant information may provide grounds for rejection of my application or affect the continuation of my employment contract.  I hereby confirm that I am not excluded from working with children, young people or vulnerable adults.  I agree that the Jersey Hospice Care People Teamcan contact any of my previous employers for a reference before confirming an offer of employment.  I accept that employment will be subject to satisfactory pre-employment checks and will be subject to receipt of acceptable evidence of identity and of professional qualifications (if required for the post).  The Jersey Hospice Care People Team is collecting your personal information for the purposes of administering your application for employment with us. Your information will not be disclosed to any third parties without your prior consent. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completed by (applicant name): | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Date completed: | | | | | |  | | | | | | | | | | | | | | | | | | | | |