**HOSPICE**

Hospice Isle of Man, Strang, Douglas IM4 4RP

**JOB APPLICATION FORM**

To assist us please ensure you answer each section, either by answering the question or circling the appropriate answer. The Charity is an equal opportunities employer.

**VACANCY DETAILS:**

|  |  |
| --- | --- |
| Position applied for: | Team: |
| Where did you hear about the vacancy? | Notice Period or earliest start date: |

**PERSONAL DETAILS:** please complete in **BLOCK CAPITALS**

|  |  |  |
| --- | --- | --- |
| Surname: | Title (Mr, Mrs, Miss etc.): | |
| Forenames: | Telephone numbers you can be reached on: | |
| Known as: |
| Address:  Postcode: | Email address: | |
| Do you require an Isle of Man Work Permit? | | **Yes / No** |
| Are you prepared to undergo a Disclosure and Barring Search (DBS) check if one is required for your role? | | **Yes / No** |
| Are you prepared to undergo a Pre-Employment Medical Assessment with Occupational Health? | | **Yes / No** |
| Do you hold a full current driving licence and have access to a vehicle? | | **Yes / No** |
| Any dates and times during the next month when you are unable to attend for interview? | | |
| Details of any holidays booked | | |

**REFERENCES:**

Please indicate two people who can provide references for you. One should be your present/most recent employer if you are currently employed. If you have not worked before, please nominate a referee from school, college or university. References will only be obtained if you are successful.

|  |  |  |  |
| --- | --- | --- | --- |
| Referee Name: |  | Referee Name: |  |
| Occupation: |  | Occupation: |  |
| Company Name: |  | Company Name: |  |
| Address  Post Code: |  | Address:  Post Code: |  |
| Tel No.: |  | Tel No.: |  |
| E-mail: |  | E-mail: |  |

**REHABILITATION OF OFFENDERS ACT 2001**

**This post is exempt from the provision of the rehabilitation of Offenders Act by an Exemption Order. Therefore applicants are not entitled to withhold information about convictions or cautions which for other purposes under the Act are "spent”. Failure to disclose any such conviction could result in dismissal or disciplinary action. I understand that this appointment, if offered, will be subject to the information given on this form being correct. With the exception of minor motoring offences, have you ever been convicted or cautioned of any criminal offence by a Court of Law? YES / NO**  If “YES” please provide brief details of the offence(s) and relevant dates:

…………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………

Signature…………………………………..……………………………………Date…………………………………………………………..

**EMPLOYEE DECLARATION & SIGNATURE:**

**ANY PERSON, UPON SUBSEQUENT EMPLOYMENT, THAT IS FOUND TO HAVE KNOWINGLY SUPPLIED FALSE OR MISLEADING INFORMATION, OR HAS DELIBERATELY WITHHELD RELEVANT INFORMATION, WILL BE SUMMARILY DISMISSED**

I have read and understood the information supplied to me in relation to this Job Position, and the information requested in this Job Application Form. I confirm that all information supplied by me is true and correct to the best of my beliefs.

I give the prospective employer the right to follow up all references and to make any other job-related enquiries as may be deemed necessary.

*The information provided on this application form will remain private and confidential and will be used for the purpose of recruitment and selection. Where the application is successful, Hospice Isle of Man will process this information for personnel administration and business management purposes. Any data collected by Hospice Isle of Man will be in compliance with the requirements of the EU General Data Protection Regulation (GDPR) May 2018. Where the application is unsuccessful we will retain information for 6 months before being securely destroyed. Hospice Isle of Man, Share the Care Ltd and their associates will not pass your contact details to others without your consent. Refer to our privacy notice which can be found on our website or by contacting* [*gdpr@hospice.org.im*](mailto:gdpr@hospice.org.im)

Signature…………………………………………………………...............Date……………………………………………...............

*Please note that if you have a disability and you require having this form in larger print or submitting the information in another format, please contact the People and Culture team via telephone or emailing HR@hospice.org.im*

*If you wish to receive information from us by email regarding events, newsletter or fundraising please place a cross here.  Please be aware that you can withdraw your consent for receiving this type of information at any point by emailing the Hospice Income and Generation team at* [*fundraising@hospice.org.im*](mailto:fundraising@hospice.org.im)