

Job Application Form

Position applied for:	
Location of this vacancy:	
How did you become aware of the vacancy?	
Date of application:	
All information provided will be treated in accordance with the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) and within the provisions of the Zoe's Place Data Retention Policy and Job Applicant Privacy Notice .	

Please complete **all sections/ sections** of the Job Application Form. [*recruiting manager - please insert sections/delete as applicable*]

All candidates must sign and date the Declaration at Section 10.

Please return your completed Job Application Form to [*recruiting manager*]

Zoe's Place Baby Hospice [*address/contact details*]

FORM ISSUE DATE	November 2023
NEXT REVIEW DATE	November 2025
VERSION	3
RELATED DOCUMENTS	Job Applicant Privacy Notice Equal Opportunities Policy Equal Opportunities Monitoring Form Data Retention Policy & Schedule

Zoe's Place Baby Hospice is the operating name of Zoe's Place Trust, registered charity no 1092545. The names Zoe's Place Baby Hospice / Zoe's Place Trust / the Trust are used interchangeably within this form.

1: PERSONAL AND CONTACT DETAILS

*you must complete this information

Title *	
Surname/family name *	
First name *	
Middle name(s)	
Address *	
Postcode *	
Landline telephone	
Mobile telephone	
Email address	
UK National Insurance Number *	
Nationality *	
Are you eligible to work in the UK? *	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are there any legal restrictions on your ability to work for us? *	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES please give details below:

2: ADDITIONAL PERSONAL DETAILS

What is your preferred employment pattern?	Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>
Do you have a current valid driving licence?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have access to a vehicle?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are there any current endorsements (penalty points) on your driving licence?	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES please give details below:
Have you ever been or are you currently: <ul style="list-style-type: none"> the subject of a disciplinary investigation? suspended from employment for a reason connected to your conduct or capability? dismissed from any employment? 	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES please give details below:
Are you are related to, or do you have a relationship with, a director, Trustee, or employee of Zoe's Place?	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES please give details below:
Are you aware of any circumstances which, if known, might cause damage to the reputation of our Organisation?	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES please give details below:
Have you been vaccinated against COVID-19?	YES <input type="checkbox"/> NO <input type="checkbox"/>

3: REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of the work for which you are applying, and the nature of the services our Organisation provides, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 as provided by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

Zoe's Place uses the Disclosure & Barring Service (DBS) to help assess the suitability of applicants, and appointment to this post will be subject to disclosure and barred lists checks where applicable.

It is your responsibility to ensure that you understand your requirements to answer questions in relation to criminal convictions, cautions etc and the DBS filtering rules. You are expected to declare all convictions and/or cautions etc even if they are spent, provided they have not been filtered by the DBS filtering rules.

Convictions, cautions etc and the equivalent obtained abroad must be declared as well as those received in the UK. You should disclose details of all complaints or allegations made against you, however long ago.

If you are unsure how to respond to any question you should seek advice from an appropriate independent representative (for example, a legal adviser) because any failure to disclose relevant convictions or other information could result in the withdrawal of any offer of engagement or termination of any agreement.

Have you at any time received or had pending a criminal conviction, caution, warning, reprimand or bind-over in the UK?	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES please give details of offences and penalties below, together with relevant dates:
Have you at any time received or had pending a criminal conviction, caution, warning, reprimand or bind-over in a country other than the UK?	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES please give details of offences and penalties below, together with relevant dates:
Are you currently the subject of any police investigation, caution, prosecution or conviction in the UK or any other country?	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES please give brief details offences and penalties below, together with relevant dates:
Does your name appear on the Protection of Children Act List?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does your name appear on the Protection of Vulnerable Adults List?	YES <input type="checkbox"/> NO <input type="checkbox"/>

4: DISABILITIES

Do you consider yourself to have any disabilities which may affect your application?

YES ☐ NO ☐

If YES, please tell us below what reasonable adjustments you feel should be made to any part of the recruitment process to assist you in your application for this vacancy:

5: PROFESSIONAL REGISTRATION AND CONFORMITIES**SECTION 5 IS FOR CLINICAL APPLICANTS ONLY**

Under what name are you registered with a professional body?	
Give details of the professional body and membership:	
Membership/registration PIN number:	
Expiry/renewal date:	
Give details of any current membership conditions or restrictions if applicable:	
Are you currently the subject of any investigation or proceedings by any health/social care licensing or regulatory body in the UK or in any other country?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES please give details below:</p>
Have you been removed from the register or had any conditions or restrictions made on your registration by a Fitness to Practise Committee, or the licensing or regulatory body in the UK or any other country?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES please give details below:</p>

6: REFERENCES

Any offer of employment is subject to receipt of satisfactory references and we will normally only contact referees for the candidate we select at interview. Please provide details of two referees, the first of which must be your current or most recent line manager. The second should be from another recent line manager. We will not normally seek references **prior** to the interview process although we may do so in some cases to speed up the process (unless you indicate otherwise below).

Referee 1 *you must complete this information

Title *		Surname*	
First name *			
Job title *			
Address*			
Postcode*			
Telephone			
Email address			
How does this referee know you?			
Can we approach this referee prior to interview? *	YES <input type="checkbox"/>		NO <input type="checkbox"/>

Referee 2

Title *		Surname*	
First name *			
Job title *			
Address*			
Postcode*			
Telephone			
Email address			
How does this referee know you?			
Can we approach this referee prior to interview? *	YES <input type="checkbox"/>		NO <input type="checkbox"/>

7: EDUCATION AND QUALIFICATIONS

Please provide details showing the **most recent** education/qualification first (for example professional education, further education, then school education). You may be asked to provide original certificates at a later stage.

Subject/qualification	Place of study	Grade/result	Year obtained

7A: TRAINING COURSES ATTENDED

Please provide details showing the **most recent** training course first.

Course title	Training provider	Course duration	Year obtained

8: CURRENT AND PREVIOUS EMPLOYMENT**Current or most recent employment**

Employer name	
Employer address	
Employer telephone number	
Type of business/organisation	
Job title	
Start date	
End date (if applicable)	
Grade (if applicable)	
Salary	
Reporting to (job title)	
Reason for leaving	
Description of duties and responsibilities (if necessary you can provide additional details in section 9 Supporting Information)	
Period of notice	

Employment history

Please provide details of your previous employment over at least the last three years, with the **most recent** first. You can enter up to seven previous employers. If necessary you can provide additional details in section 9 Supporting Information.


Employer name & address	Job title	Dates from/to	Salary /grade	Reason for leaving	Brief description of duties and responsibilities

9: SUPPORTING INFORMATION

Please set out briefly how your expertise and experience match the requirements for this post, using the Job Description and Person Specification to assist you. To make your application stand out, take time to think about why you are applying and what you can bring to the post. Please give examples of when you have used specific skills and experience.

10: DECLARATION

I declare that the information I have given on this Application Form and in any accompanying documentation is true and complete to the best of my knowledge. I agree that any deliberate omission, falsification or misrepresentation in my application will be grounds for rejecting my application, or subsequent dismissal if employed by Zoe's Place Trust. I give my permission for Zoe's Place to seek clarification and confirmation on matters including qualifications, professional memberships and registration, and right to work in the UK.

 I agree to the above declaration (please sign and date below)

Signature of job applicant:

Date: