



Les Bourgs Hospice Charitable Trust Andrew Mitchell House Trained and Untrained Nursing Staff

Please complete all sections in **BLOCK CAPITALS**. Ensure that any additional information you submit is securely attached to this form.

Once completed return to:

The Director Nursing, Andrew Mitchell House, Rue du Tertre, St Andrews, Guernsey, GY6 8SF

Application for appointment as:

Personal Details:

Surname:

Forename(s):

Title (Mr/Mrs/Miss/Ms) please delete

Marital Status:

Maiden Name:

NMC PIN & Expiry Date:

Home Address:

Telephone Number (Home):

Telephone Number (Work):

(Mobile):

Date of Birth:

Next of Kin:

Address of next of Kin:

Telephone Number:

Do you hold a residential qualification to live in Guernsey? YES/NO

Do you hold a Right to Work Document? YES/NO

If yes please add number:

General and Further Education:

Senior Schools/Colleges Attended	Dates Attended		Qualifications Gained
	From	To	

Professional Qualifications and Post Graduate Training:

Courses/Colleges Attended	Dates Attended		Qualifications Gained
	From	To	

Have you been or are you currently the subject of any police investigation or conviction on Guernsey or any other country? Yes / No

Do you have any objection to being the subject of a Police Check? Yes / No

Please provide documentary proof of identification.

Have you been or are you currently the subject of any investigation into abuse or any other inappropriate behaviour? Yes / No

Have you ever been investigated or suspended by the NMC, if yes please attach a supporting statement Yes / No

Employment History – beginning with the most recent:

Name and Address of Employer	Post Held	From Month/Year	To Month/Year	Clinical Grade	Salary & Hourly Rate	Remarks: (Reasons for leaving etc.)

Other Information:

Leisure Activities and Interests:

Summary of present and previous experience in support of the post applied for: (continue on a separate sheet if required).

Summary of why you are interest in Hospice work.

Sources of Reference:

Please give names, designation and addresses of persons who are prepared to give you a reference, the first of whom should be your present employer.

First Reference:

Name:

Designation:

Address:

Telephone Number:

Second Reference:

Name:

Designation:

Address:

Telephone Number:

Third Reference:

Name:

Designation:

Address:

Telephone Number:

Please return completed form together with a **Photocopy of your UKCC Statement of Entry in the Professional Register** including your **Pin Number** and a **photocopy of your renewal card**, and a **copy of your right to work document**.

DATA PROTECTION STATEMENT

Access to the information will be restricted to a limited number of authorised Les Bourgs Hospice Staff. The information may also be used for the purpose of compiling employee statistics and equal opportunities monitoring.

I give my consent to this information being processed and stored (by means of a computer database or otherwise) as described above for the duration of my contract of employment to fulfil the statutory, or recommended, retention periods when I am no longer an employee of Les Bourgs Hospice.

Signature:.....

Date:

Please note that failure to disclose relevant details or a deliberate attempt to falsify information may lead to dismissal.