



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 Hospice Director, 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 an Employment Permit or Resident Certificate? YES/NO

If yes, please supply reference 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

Employment History – beginning with the most recent:

| Name and Address of Employer | Post Held | From Month/Year | To Month/Year | Clinical Grade | 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 interested 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. Please indicate whether your present employer may be approached at this stage.

Yes / No

If no, please indicate at what stage they may be contacted:

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 proof of your NMC **Statement of Entry (if applicable) and a copy of your**

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 1 year if application is unsuccessful, or for 3 years after the duration of my contract of employment.

Signature:.....

Date:

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