



Les Bourgs Hospice
 Andrew Mitchell House
 Rue du Tertre
 St Andrews
 GY6 8SF

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www.lesbourgshospice.org.gg

APPLICATION FOR EMPLOYMENT – STAFF NURSE AND HEALTHCARE ASSISTANT
ALL INFORMATION PROVIDED ON THIS APPLICATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

Access to the information provided on this application 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.

Please complete in **BLOCK CAPITALS**:

POSITION APPLIED FOR:			
NMC PIN (IF APPLICABLE):		REVALIDATION DATE:	

MR/MISS/MRS/MS:		SURNAME:	
FORENAME(S):			
ADDRESS:			
HOME NUMBER:		MOBILE NUMBER:	
WORK NUMBER:		EMAIL ADDRESS:	

DO YOU HOLD A RESIDENTIAL QUALIFICATION TO LIVE IN GUERNSEY?	YES / NO
DO YOU HOLD A VALID EMPLOYMENT PERMIT OR RIGHT TO WORK DOCUMENT?	YES / NO

SECONDARY AND FURTHER EDUCATION

SCHOOLS ATTENDED:	DATES ATTENDED		QUALIFICATIONS GAINED:
	FROM:	TO:	

PROFESSIONAL QUALIFICATIONS AND POST GRADUATE TRAINING

FACULTY/COURSE ATTENDED:	DATES ATTENDED		QUALIFICATIONS GAINED:
	FROM:	TO:	

HAVE YOU BEEN OR CURRENTLY THE SUBJECT OF ANY POLICE INVESTIGATION OR CONVICTION ON GUERNSEY OR ANY OTHER COUNTRY?	YES / NO
HAVE YOU BEEN OR CURRENTLY THE SUBJECT OF ANY INVESTIGATION INTO ANY TYPE OF ABUSE OR ANY INAPPROPRIATE BEHAVIOUR?	YES / NO
ARE YOU WILLING TO BE THE SUBJECT OF A POLICE CHECK (DBS WITH BARRED LIST)?	YES / NO

EMPLOYMENT HISTORY

CURRENT EMPLOYER:			
POSITION:		APPOINTMENT DATE:	
ADDRESS:			
BAND/PAY RATE:		NOTICE PERIOD:	

PREVIOUS EMPLOYERS & ADDRESS:	POSITION HELD:	FROM:	TO:	BAND/HOURLY RATE:	REASON FOR LEAVING:

**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:**

REFERENCES

Please provide details of those whom we may approach to provide you with a reference.

Can we contact your current employer prior to interview? **YES / NO**

Can we contact your previous employer/additional referees prior to interview? **YES / NO**

CURRENT EMPLOYER REFERENCE:

TITLE & NAME:		ROLE:	
ADDRESS:		CONTACT NUMBER:	
		EMAIL ADDRESS:	

PREVIOUS EMPLOYER REFERENCE:

TITLE & NAME:		ROLE:	
ADDRESS:		CONTACT NUMBER:	
		EMAIL ADDRESS:	

ADDITIONAL REFERENCE:

TITLE & NAME:		ROLE (if applicable):	
ADDRESS:		CONTACT NUMBER:	
		EMAIL ADDRESS:	

I confirm that all the information given on this form is complete and correct and that any failure to disclose relevant details or a deliberate attempt to falsify information may lead to summary dismissal without notice.

Signature: _____

Date: _____