



Les Bourgs Hospice

Staff Nurse and Healthcare Assistant

Application Form

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

Once completed return to:

Care Manger, Andrew Mitchell , Rue du Tertre, St Andrews, Guernsey, GY6 8SF

APPLICATION FOR APPOINTMENT AS:					
NMC PIN: (IF APPLICABLE)				REVALIDATION DATE:	
TITLE		FORENAME(S):		SURNAME:	
DATE OF BIRTH:					
HOME ADDRESS:			TELEPHONE NUMBER (HOME):		
			TELEPHONE NUMBER (WORK):		
			MOBILE NUMBER		
			EMAIL ADDRESS		
NEXT OF KIN:				TELEPHONE NUMBER:	
ADDRESS OF NEXT OF KIN:					

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

Do you hold an
Employment Permit YES/NO

If yes, please supply evidence with application.

GENERAL AND FURTHER EDUCATION:

SECONDARY 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
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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
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EMPLOYMENT HISTORY – BEGINNING WITH THE MOST RECENT:

NAME AND ADDRESS OF EMPLOYER	POST HELD	FROM MONTH/YEAR	TO MONTH/YEAR	BAND/HOURLY PAY	REMARKS: (REASONS FOR LEAVING ETC.)

Period of notice required:

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

Can we contact your employer prior to interview? Yes / No

1	NAME:	DESIGNATION:
	ADDRESS:	TELEPHONE NUMBER:
		EMAIL ADDRESS:
2	NAME:	DESIGNATION:
	ADDRESS:	TELEPHONE NUMBER:
		EMAIL ADDRESS
3	NAME:	DESIGNATION:
	ADDRESS:	TELEPHONE NUMBER:
		EMAIL ADDRESS

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 my contract of employment ends.

Signature:.....

Date:

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