



WOKING & SAM BEARE HOSPICES

APPLICATION FORM FOR MEDICAL STAFF

Application for Post of :	
Closing Date :	
Reference No (if known):	
Site: <i>(delete as appropriate)</i>	Woking Hospice / Sam Beare Hospice / Both Sites
Where did you hear about this post:	

Please ensure you complete all sections of the Application Form.

SECTION 1 – Personal Details			
Surname:			
Forenames:			
Contact Address:			
Home Tel. No:		Mobile Tel. No:	
Work Tel. No:		Bleep / etc:	
Email Address:			

SECTION 2 – GMC / GDC Registration			
Type of Registration (Please tick as appropriate)		Registration Number	Date current period of registration expires
Full			
Limited			
Provisional			
Temporary (GDC)			

SECTION 3 – Medical / Higher Education		
Name of University or Medical School/Other	Qualification	Date qualification obtained

SECTION 4 – Additional Professional Qualifications		
Qualification (MRCP, DRCOG, etc)	Where obtained	Date obtained

SECTION 5 – Current Employment Details

Grade	Specialty	Name and Location of Hospital / Clinic	Dates of employment (month / year)	
			From	To

Brief Description of Duties :

SECTION 6 – Previous Employment Details

Grade	Specialty	Name and Location of Hospital / Clinic	Dates of employment (month / year)	
			From	To

SECTION 7 – Achievements of Distinction / Prizes		
Date	Achievement / Prize	Brief Description

SECTION 8 – Publications

Date	Title of Work	Where published (i.e. name of journal)	Brief description of your role in preparing this publication

SECTION 9 – Audit

Date	Title of Audit	Brief description of your role in this audit

SECTION 10
Teaching Experience

SECTION 11

Why have you chosen to apply for this post at Woking Hospice?
(Maximum of 100 words)

What are your career goals? How does this post fit in with this career plan?
(Maximum of 100 words)

Can you tell of a time when your communication skills made a difference to the outcome of patient care?
Why were you the one who was able to make the difference?
(Maximum of 100 words)

Can you give an example of how you organise your workload? What do you do, and what do you use to support this?

(Maximum of 100 words)

Give examples of your approach to working in a Team

(Maximum of 150 characters)

Please explain your areas of clinical skill and competence relevant to this post
(Maximum of 150 characters)

Any other statement you wish to make in support of your Application
(Maximum of 500 characters)

SECTION 12 – Disclosure Information

REHABILITATION OF OFFENDERS : Because of the nature of work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are “spent” under the provision of the Act. In the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action by the Trust. Any information given will be considered only in relation to posts to which the Order applies.

Do you have any convictions? YES / NO (Please delete as appropriate) If YES, please specify and give details on a separate sheet and attach it to your application.

SECTION 13 – Referees

Please give the name of your education supervisor or the person that most closely supervised your work during each of your most recent posts.

Current employer / Educational Supervisor

Name:	
Job Title:	
Address:	
Tel. No:	
Fax No:	
E-mail address:	

Previous employer / Educational Supervisor

Name :	
Job Title:	
Address:	
Tel. No:	
Fax No:	
E-mail address:	

Previous employer / Educational Supervisor	
Name :	
Job Title:	
Address:	
Tel. No:	
Fax No:	
E-mail address:	

SECTION 14 – Declaration
<p>If you are offered and formally accept a post you should not then withdraw unless the employer will have time to make other arrangements. (Good Medical Practice published by the General Medical Council.)</p> <p>Failure to comply with the requirement may result in a complaint to the GMC.</p>

SECTION 15 – Signature
<p>I understand that employment offered in this post is subject to satisfactory Medical Clearance and subject to the information provided on the application form or any other document being correct.</p> <p>Any false or misleading information provided on this form or any other document may result in any employment being terminated.</p> <p>I understand the information provided on this form may be entered onto a computerised system.</p> <p>Signed :..... Dated:</p> <p>Print Name:.....</p>

Please return the completed form along with accompanying Equal Opportunities Form to:

Vanessa Pinto
HR Administrator
Woking & Sam Beare Hospice
Hill View Road
Woking
Surrey, GU22 7HW

Equal Opportunities Recruitment Monitoring

Please return one copy of this Form along with the copy of your application form.

At Woking and Sam Beare Hospices we value the individual contribution of our employees irrespective of gender, age, marital status, disability, sexual orientation, race, colour, religion, ethnic or national origin.

To help us monitor the effectiveness of our policy, please complete this form.

The information will be used solely for monitoring purposes and treated as strictly confidential under the provisions of The Data Protection Act 1998. The personal information provided in your application will be processed and stored in accordance with The Data Protection Act 1998 and will not be released to any unauthorised person. This recruitment monitoring form will be separated from your application form before any shortlisting of candidates is undertaken. If you feel that your application for employment has been unfairly considered on any of the above grounds, complaints may be made in writing to the Director of Human Resources.

Title : Mr / Mrs / Miss / Ms / Dr		Marital Status :	
Surname :		Forenames :	
Sex : Male / Female		Date of birth :	

Children & Carers

The Equal Opportunities Commission recommends that information on children and dependents should be collected on monitoring forms, to ensure there is not discrimination against applicants with children or against carers.

Number of children :		Ages :	
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Other people for whom you have a responsibility as a carer :

Ethnic Origin

How would you describe your ethnic origin? Please tick appropriate box.

A – White British / Mixed British		K – Asian Bangladeshi / British Bangladeshi	
B – White Irish		L – Asian other	
C – White other		M – Black Caribbean	
D – Mixed White / Black Caribbean		N – Black African	
E – Mixed White / Black African		P – Black other	
F – Mixed White / Asian		R – Chinese	
G – Mixed other		S – Other stated origin	
H – Asian Indian / British Indian		Z – Not stated	
J – Asian Pakistani / British Pakistani			

NB : *These criteria are used by the Office of Population Censuses and Surveyors.*

Citizenship

Please tick appropriate box.

British Citizenship		European Community National		Other	
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Disability

Do you consider you have a disability? Please give details: