# Shooting Star Childrens Hospices Application Form

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| **Position Applied For:** | |  | |
| **Personal Details** | | | |
| Full Name: |  | Address: |  |
| Mobile or Telephone Number: |  | Post Code: |  |
| Email Address: |  | | |
| Do you have the right to work in the UK ? | Yes ☐ No ☐ | | |
| Do you have a full, clean driving licence valid in the UK? | Yes ☐ No ☐ | | |
| Are you related to a staff or board member of SSCH | Yes ☐ No ☐ | | |
| **Education and Qualifications**  **e.g. NMC registration or professional memberships** | | | |
| Institution Name | Course/Qualification | Dates Attended | Grade/Outcome |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Employment History (current or most recent employer first)** | | | |
| Employer Name and address | Job Title | Dates Employed | Main responsibilities |
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| **Supporting Information:**  **Please provide a statement to support your application, demonstrating how you meet the essential (and desirable) criteria in the job description and person specification** | | | |
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| **Please provide a statement to explain why you would like to work with us at Shooting Star Children’s Hospices** | | | |
|  | | | |
| **Please provide a statement to explain why you are interested in a role working with children?** | | | |
|  | | | |
| **Where did you hear about us?** | | | |
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| **Declaration:**  **I declare that the information provided in this application is true and complete to the best of my knowledge. I understand that any false or misleading information may result in the rejection of my application or termination of employment if discovered at a later date.** | | | |
| Signature: |  | | |
| Date: |  | | |
| **\*Please note: Under the Rehabilitation Offenders Act 1974, you are required to declare any unspent convictions or cautions that are not protected under the Act, as this role requires an enhanced DBS check.** | | | |
| Please specify: |  | | |

## Thank you for your application