



# APPLICATION FOR EMPLOYMENT

(IN CONFIDENCE)

## ST MARGARET OF SCOTLAND HOSPICE

EAST BARNS STREET • CLYDEBANK • G81 1EG

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Email: [office@smh.org.uk](mailto:office@smh.org.uk)

<b>POSITION APPLIED FOR:</b>		<b>JOB REFERENCE</b>	
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### Part A

PERSONAL DETAILS		
<b>Title</b>	<b>Surname</b>	<b>Forename</b>
<b>Address</b>		
<b>Postcode</b>	<b>Telephone Number</b>	<b>Email address</b>

Are you eligible to work in the UK	Yes/No
Do you require a Work Permit for this post	Yes/No

### PLEASE READ THIS STATEMENT VERY CAREFULLY BEFORE SIGNING

I declare that all the information and the answers given by me to questions in this application form to be true and correct in every respect.

If required, I give permission for my general practitioner to be contacted. If required, I am prepared to undergo a medical examination.

I understand and accept that if any of the information given by me in this application form is incorrect, untrue or misleading in any respect, I am liable to have my employment terminated.

Signature:

Print Name:

Date:

**Fair Treatment Statement** - No applicant shall be unfairly discriminated against on account of their age, cultural, religious or political beliefs, disability, ethnicity, gender, race, relationship status and/or sexual orientation.

**Only Part B of this application form will be used to select candidates for interview**





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**Part B – Continued**

**REFERENCES**

**Do you have any objection to us contacting your present or previous employers:** Yes/No

Please give names of three referees, one of whom should be your current or most recent employer. Our pre-employment screening also includes health and fitness for work, criminal records, qualifications and professional registration. **Note that references will only be taken up for Preferred Candidates following interview.**

Name and Address of Referee	Telephone/Fax Number	Position Held

**SUPPORTING STATEMENT**

**Please use this space to provide any relevant information in support of your application:**



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<b>Part C</b>	
<b>HEALTH</b>	
<b>Please list any serious illnesses, accidents or operations during the past 5 years:</b>	
<b>Have you at any time suffered from or had any symptoms of the following:</b> <i>(If the answer is yes to any question, please provide details on this form or on a separate sheet including dates, severity and treatment).</i>	
<b>Depression, anxiety state, nervous illness or breakdown?</b>	
<b>General debility arising from overwork or any other cause?</b>	
<b>Fainting attacks, fits or disease of the nervous system?</b>	
<b>Persistent cough, asthma, pleurisy, bronchitis or any other ailment of the lung/chest</b>	
<b>Rheumatism, arthritis, gout, backache, disc trouble or rheumatic fever?</b>	
<b>Palpitations, breathlessness, chest pains, blood pressure or other ailments of the heart or circulatory system?</b>	
<b>Indigestion, diarrhoea, ulcer, gallstones or any other ailment of the stomach, intestine or liver?</b>	
<b>Any ailment affecting the kidneys or bladder?</b>	
<b>Diabetes, anaemia or blood/gland condition?</b>	
<b>Any ailment affecting the eyes or ears?</b>	
<b>Varicose veins, ruptures or piles?</b>	
<b>Any injury, operation, physical defect or deformity?</b>	
<b>Any skin disorder?</b>	
<b>Any illness not mentioned above?</b>	
<b>Have you had any special medical investigation, x-ray, cardiogram, blood or urine tests?</b>	
<b>Are you now or have you recently been taking medicine or drugs?</b>	
<b>Have you had any illness treated with cortisone or steroids.</b>	
<b>State the number of days off work due to sickness during the last 12 months of employment?</b>	
<b>Reason for such absence</b>	
<b>Do you expect to ask for a leave of absence for medical reasons within the next 12 months?</b>	



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**Part D**

**EQUAL OPPORTUNITIES MONITORING**

St Margaret of Scotland Hospice is an equal opportunities employer and will not discriminate against anyone on the grounds of their age, cultural, religious or political beliefs, disability, ethnicity, gender, race, relationship status and/or sexual orientation. The information provided in this section (Part E) will be held as confidential and will not be used for the purposes of candidate selection.

1. Male  Female

2. Date of Birth:

3. Do you have a physical or mental health condition or disability which has a substantial impact on your ability to carry out day to day activities: Yes  No

If Yes, please provide details of the nature of the condition/disability:

4. What is your ethnic group?

White: Scottish  Irish  Other British  Other White

Mixed: Any mixed background

Asian: Pakistani  Indian  Chinese  Bangladeshi

Black: African  Caribbean

Other: Other ethnic background

Prefer not to answer:

5. What is your religion:

Catholic  Church of Scotland

Buddhism  Hinduism

Judaism  Islam

Sikhism  None

Prefer not to answer

6. What is your sexual orientation:

Heterosexual  Bi-Sexual

Lesbian/Gay Woman  Gay Man

Other  Prefer not to answer