

# BUTTERWICK LIMITED

## APPLICATION FOR EMPLOYMENT

Please return to:  
 Butterwick Limited  
 Human Resources Department  
 Middlefield Road  
 STOCKTON ON TEES  
 TS19 8XN  
 Registered Charity No 1044816



INVESTORS IN PEOPLE



**IMPORTANT: Please use black pen. This form must be completed in full. A curriculum vitae will not be accepted as a substitute but may be sent in addition to this form.**

Application for the post of:	Location:
Surname:	Title: Mr / Mrs / Miss / Ms / Dr / Other
Forename(s):	
Permanent Address:	Temporary Address:
Post Code:	Post Code:
Home Tel No:	Work Tel No:
Mobile Tel No:	Email:
National Insurance No:	Do you hold a full current and clean Driving License: YES / NO
	Do you have your own transport: YES / NO
Have you worked for Butterwick Ltd before? YES / NO	How did you become aware of this vacancy?
If yes, please provide details:	
If your application is successful, will you continue to work in any other capacity (including public duties)? YES / NO	Would you need a work permit to work in the UK? YES / NO
If yes, please provide details:	
<b>Pension Scheme:</b> Are you currently contributing to the NHS Pension Scheme? YES / NO	
<b>Professional Registration:</b> Professional Body: .....	
Number:..... Expiry Date: ..... Date of Birth (for Pin Check):.....	

**PRESENT EMPLOYMENT, OR MOST RECENT IF NOT CURRENTLY EMPLOYED:**

Present Employer & Address: .....

.....

Nature of Business: ..... Job Title: .....

Date Appointed: ..... Present Salary: .....

Notice Period: ..... Date of Leaving: .....

Reason for Leaving: .....

Outline of duties and experience gained in this post (continue on a separate sheet if necessary).

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**PREVIOUS EMPLOYMENT** (please start with the most recent in chronological order. Continue on a separate sheet if necessary).

Name & Address of Employer	Position Held	From - To	Salary/Grade	Reason for Leaving

<b>EDUCATION / TRAINING / PROFESSIONAL QUALIFICATIONS</b> (Continue on a separate sheet if necessary)	<b>GRADE</b>	<b>YEAR OBTAINED</b>
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Are you currently studying for any further qualifications? Please give details including expected completion of course:

**ADDITIONAL INFORMATION:** Please use this section to give further information on the skills, knowledge and experience you could bring to the post, together with your reasons for applying. (Continue on a separate sheet if necessary)

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**REFERENCES:**

All appointments are made subject to receipt of satisfactory references. Please provide the names and addresses of three referees. You must include your two most recent employers and one personal reference. If you have recently completed full time education, two of your referees should be from your school/college. Please do not use relatives or your GP. Your referees will only be contacted if you are short-listed for the post.

1 EMPLOYERS NAME: ..... TITLE: .....  
ADDRESS: .....  
TEL NO: ..... EMAIL: .....  
May we contact this referee prior to interview? YES / NO

2 EMPLOYERS NAME: ..... TITLE: .....  
ADDRESS: .....  
TEL NO: ..... EMAIL: .....  
May we contact this referee prior to interview? YES / NO

3 PERSONAL REFEREE: ..... TITLE: .....  
ADDRESS: .....  
TEL NO: ..... EMAIL: .....  
May we contact this referee prior to interview? YES / NO

**PRE-EMPLOYMENT DECLARATIONS**

All information provided below will be treated with complete confidentiality and will only be considered in relation to the post to which this application applies. However, in the event of employment, any failure to disclose this requested information could result in dismissal or disciplinary action being taken against you by Butterwick Limited. Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offences.

**REHABILITATION OF OFFENDERS ACT**

Because of the nature of the work, 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) Amendments Order 1986. Under the provisions of the Act, applicants are not therefore entitled to withhold information about convictions, which for other purposes are considered spend under the Act. Any information given will be treated confidentially and will only be considered in relation to the post to which the order applies.

**Please sign below to confirm that you have read this statement and have no convictions.**

**I AM NOT** the subject of any police investigation, caution, prosecution or conviction in the UK or any other country.

Signed: ..... DATE: .....

OR

**I HAVE BEEN OR AM** the subject of a police investigation, caution, prosecution or conviction in the UK or any other country (**Please give full details below**)

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Signed: ..... DATE: .....

**PROFESSIONAL CONFORMITIES (PROFESSIONAL FITNESS)**

I declare the following:

**I HAVE NOT BEEN** and am not currently the subject of fitness to practice proceedings by any licensing or regulatory body in the UK or any other country and have not been disqualified from practice or subject to specified limitations to practice.

Signed: ..... DATE: .....

OR

**I HAVE BEEN** or am currently the subject of fitness to practice proceedings by any licensing or regulatory body in the UK or any other country, or have been disqualified from practice or subject to specified limitations to practice.

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Signed: ..... DATE: .....

**EQUAL OPPORTUNITIES**

Butterwick Hospice Care is committed to equal opportunities for current and prospective employees and volunteers, irrespective of age, gender, marital status, sexual preference, sexual orientation, disability, racial or ethnic origin, or religious or cultural background.

It is the responsibility of every staff member and volunteer to ensure this policy is applied in practice, both in employment and in the provision of care and services. A special responsibility falls upon those who have staff and volunteer management, recruitment and people management responsibilities to ensure that the policy is effective.

**DISABILITY DISCRIMINATION**

In accordance with the Disability Discrimination Act 1995 and the Equality Act 2010, do you consider yourself to have a disability?

YES / NO

Do you require any arrangements to be made if you are invited for an informal visit or interview?

YES / NO

If yes, please provide details:

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**DECLARATION**

**Please sign this section after you have completed all parts of the application.**

I certify that to the best of my knowledge, the information given on this form is correct. I understand that deliberately giving false or incomplete information will disqualify me from appointment or, in the event of discovery after appointment, make me liable to dismissal.

This appointment will be subject to satisfactory pre-employment and medical checks.

Signed: ..... DATE: .....