



Alice House Hospice
Serving the communities of
Hartlepool & East Durham

ALICE HOUSE HOSPICE

Application for Employment

POSITION APPLIED FOR:.....

SECTION 1: Equal Opportunities Monitoring form

Alice House Hospice is committed to being an Equal Opportunities Employer. We select staff on the basis of ability and post requirements. Each applicant is treated equally regardless of his or her race, colour, ethnic or national origin, or on the grounds of his or her gender, marital status, disability or age. Information contained on Page 1 and 2 will not be used when considering your suitability for the post.

PERSONAL DETAILS	
Surname:	
Forename:	
Address:	
Post Code:	
Telephone Number:	
Email Address	
Date Of Birth:	

ETHNIC ORIGIN I would describe myself as:

Asian or Asian British	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background, describe
Black, Black British, Caribbean or African	<input type="checkbox"/> African background, describe <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black, Black British or Caribbean background, describe
Mixed or multiple ethnic groups	<input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Any other mixed or multiple background, describe
White	<input type="checkbox"/> British - English, Welsh, Scottish or Northern Irish <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Roma <input type="checkbox"/> Any other white background, describe
Other ethnic group	<input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group, describe
For any other ethnic group, provide further information	
Or, if the person's ethnic group is not known:	<input type="checkbox"/> Not known

DISABILITY, IMPAIRMENT OR LONG-TERM HEALTH CONDITIONS

Disability Confident Committed Employer

As a **Disability Confident Committed Employer**, if you consider yourself disabled and meet the minimum requirements in the person specification of the role you are applying for, then Alice House Hospice will offer you an interview under the disability confident committed employer scheme. Please note in situations where we experience high-volume/peak times, we will endeavour to meet this commitment but may have to limit the overall number of interviews offered to both disabled and non-disabled people.

If you are disabled, have a specific learning difficulty or long-term medical condition that may require adjustments to be made to the curriculum or the environment, please let us know.

Sight impairment (blindness or partial sight)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Hearing impairment (deafness or partial hearing)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Speech impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Mobility or gross motor skills impairment (such as using large muscles of body in legs, torso or arms, for activities such as walking or sitting). This can include balance, strength or coordination.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Manual dexterity impairment (fine motor skills - such as holding cutlery or using a keyboard)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Learning disability (such as ability to concentrate, learn or understand)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Autistic spectrum conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Other neurodiverse impairment (such as ADHD, dyspraxia or dyslexia)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known

Memory loss (for example people with dementia) If memory issues are associated with a learning disability, select 'Learning disability' instead.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Mental ill health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Stamina problems, breathing impairment or fatigue	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Progressive and long-term health conditions (such as HIV, cancer, multiple sclerosis, epilepsy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Other impairment, disability or long-term health condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known

If 'other impairment, disability or long-term health condition', provide further information

Please list any reasonable adjustments you think you may require:

Declaration:

Because of the nature of the 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 provisions of the Act, and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by Alice House Hospice. 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.

I Declare the following: I 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:..... Dated:.....

OR

I declare the following: 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.

Signed:..... Dated:.....

(To be completed by candidates for clinical positions only)

Professional Compliancy (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:..... Dated:.....

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. Please give full details.

Signed:..... Dated:.....

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Please sign below to declare that all information provided in your application is to the best of your knowledge accurate, and you also understand that to knowingly give false information may, in the event of employment, result in dismissal or disciplinary action.

Signed

Date

(Office Use)
Application Number

*Hartlepool Hospice Ltd (known locally as Alice House Hospice and formally Hartlepool and District Hospice) is a charity within England and Wales registered with Charity Number 510824.
Hartlepool Hospice Ltd is a company Limited by guarantee and registered in England and Wales with Company Number 1525658.
Registered office: Alice House, Wells Avenue, Hartlepool, TS24 9DA*