|  |  |  |
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| **APPLICATION FOR WORKING WITH CHEMOHERO**Please fill in the application form below (we do not accept CVs). Please remember to check it carefully, as once the form has been submitted it cannot be changed. **Please note that questions marked with an asterisk \* are mandatory and therefore must be answered.**  |  |  |



Details entered in this part of the form will be held by ChemoHero. Access to this information will be withheld from the shortlisting panel.

|  |  |
| --- | --- |
| Role |  |

**Personal Details**

|  |  |
| --- | --- |
| Title |  |
| \*Surname/Family Name |  |
| \*First Name |  |
| Middle Name |  |
| \*Name in which you are registered with a professional body (if applicable) |  |
| Previous name (if applicable) |  |
| \*UK National Insurance No |  |
| \*Address |  |
| \*Postcode |  |
| \*Country |  |
| Home Telephone |  |
| Mobile Telephone |  |
| Work Telephone  |  |
| Preferred telephone number | 🞎 Home 🞎Mobile 🞎 Work |
| \* Email Address |  |
| \*Are you a United Kingdom (UK) National and have the right to work in the UK? |
| 🞎 Yes 🞎 No |
| If you have answered ‘no’ above, you must provide details of your current immigration status below: |
|  |
| Please supply details of any visa currently held: |
| Visa No:Start Date: (DD/MM/YY)Expiry Date: (DD/MM/YY)Details of any Restriction: |
| Does your visa have a condition restricting employment or occupation in the UK? |
| 🞎 Yes 🞎 No |

**APPLICATION FOR EMPLOYMENT**

Details entered in this part of the form will be held by ChemoHero and will be made available to the short-listing panel.

**Education & Professional Qualifications**

|  |
| --- |
| All relevant qualifications. Please also indicate subjects currently being studied. All qualifications disclosed will be subject to a satisfactory check. |
| Subject/Qualification | Place of Study | Grade/ result | Dates studied and date obtained |
|  |  |  |  |
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**Training Courses Attended**

|  |
| --- |
| Training courses that you have attended or details of courses that you are currently undertaking, together with the date completed or to be completed. |
| Course Title | Training Provider | Duration | Date obtained |
|  |  |  |  |
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**Membership of Professional Bodies**

Please provide details regarding any relevant professional registrations or memberships.

|  |  |  |  |
| --- | --- | --- | --- |
| Professional Body | Membership or Registration type | Membership/Registration Number | Expiry/Renewal Date |
|  |  |  |  |
|  |  |  |  |

**Employment History**

Please record below the details of your full employment history beginning with your current or most recent first. If required, please provide additional information regarding your employment history within the 'Supporting Information' section.

|  |  |
| --- | --- |
|  Months since most recent employment ended (if applicable) |  |

 **Current/most recent employer**

|  |  |
| --- | --- |
| Employer Name  |  |
|  Address |  |
|  Type of Business |  |  Telephone |  |
|  Job Title |  |
|  Start Date *(MM/YYYY)* |  |  End Date *(MM/YYYY)* |  |
|  Grade |  |  Salary |  |
|  Reporting to (job title) |  | Period of notice |   |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

**Previous Employer 1**

|  |  |
| --- | --- |
| Employer Name  |  |
|  Address |  |
|  Type of Business |  |  Telephone |  |
|  Job Title |  |
|  Start Date *(MM/YYYY)* |  |  End Date *(MM/YYYY)* |  |
|  Grade |  |  Salary |  |
|  Reporting to (job title) |  | Period of notice |  |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

**Previous Employer 2**

|  |  |
| --- | --- |
| Employer Name  |  |
|  Address |  |
|  Type of Business |  |  Telephone |  |
|  Job Title |  |
|  Start Date *(MM/YYYY)* |  |  End Date *(MM/YYYY)* |  |
|  Grade |  |  Salary |  |
|  Reporting to (job title) |  | Period of notice |  |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

**Previous Employer 3**

|  |  |
| --- | --- |
| Employer Name  |  |
|  Address |  |
|  Type of Business |  |  Telephone |  |
|  Job Title |  |
|  Start Date *(MM/YYYY)* |  |  End Date *(MM/YYYY)* |  |
|  Grade |  |  Salary |  |
|  Reporting to (job title) |  | Period of notice |  |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

**Previous Employer 4**

|  |  |
| --- | --- |
| Employer Name  |  |
|  Address |  |
|  Type of Business |  |  Telephone |  |
|  Job Title |  |
|  Start Date *(MM/YYYY)* |  |  End Date *(MM/YYYY)* |  |
|  Grade |  |  Salary |  |
|  Reporting to (job title) |  | Period of notice |  |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

**Please add additional employers/information on a separate sheet.**

**Employment Gaps**

|  |
| --- |
| If you have any gaps within your employment history, please give full details below and state the reasons for the gaps. |
|  |

**Supporting Information**

In this section please give your reasons for applying for this post and additional information which demonstrates that you meet the essential and (where relevant) desirable criteria for this particular position. This can include relevant skills, knowledge, experience, voluntary activities, training etc.

If relevant to the post for which you are applying, you should include details about research experience, publications or poster presentations, clinical care (knowledge and skills) and clinical audit.

|  |
| --- |
| \* Supporting information (Please continue on additional sheets if necessary). |
|  |

**References**

Please provide the names and full contact details of the people who have agreed to supply references. References must include at least two positions with separate employers (including your current/most recent employer) and, as a minimum, cover a period of three years employment and/or training history, where this is possible.

Referees will be required to comment on your competence, personal qualities and suitability for the post. This may be your line/department manager, or someone in a position of responsibility for any work experience or placement undertaken. If you are a student or trainee this should include a teacher/tutor at your education institution.

If you are working with children, your present employer will be asked about any disciplinary offences relating to children (whether current or expired), whether you have been the subject of any substantiated child protection concerns and, if so, the outcome of these investigations. If you are not currently with children but have done so previously, these issues will be raised with your former employer.

If you have not been in employment for a considerable amount of time but have had previous employment, then you should seek one reference from your last known employer and a personal reference from a person of standing within your community such as a doctor, solicitor or MP who are not friends or any relation.

Please note that all reference requests will be followed up and verified by the ChemoHero Trustee Board and they must be satisfactory to us before any offer is confirmed.

Referees may be approached prior to interview, unless you indicate otherwise below.

**Referee 1**

|  |  |
| --- | --- |
| \* Type of Reference | 🞎 Employer 🞎 Educational 🞎 Personal |
| Title |  |
| \*Surname/Family name |  | \* First Name |  |
| \*Relationship |  |
| Employer Name |  |
| Referee Job Title |  |
| \*Address |                  |
| \*Postcode/ Zip Code |  |
| Telephone |  | \*Country |  |
| Email |  |
| \*Can the referee be contacted prior to interview? | 🞎 Yes 🞎 No |

**Referee 2**

|  |  |
| --- | --- |
| \* Type of Reference | 🞎 Employer 🞎 Educational 🞎 Personal |
| Title |  |
| \*Surname/Family name |  | \* First Name |  |
| \*Relationship |  |
| Employer name |  |
| Referee Job Title |  |
| \*Address |  |
| \*Post Code/ Zip Code |  |
| Telephone |  | \*Country |  |
| Email |  |
| \*Can the referee be contacted prior to interview? | 🞎 Yes 🞎 No |

**DECLARATIONS**

|  |
| --- |
| \* Have you ever lived or worked outside of the UK for more than six months in the last five years? |
| 🞎 Yes 🞎 No  |
| If Yes, please provide details: |
|  |

|  |
| --- |
| \*Do you have any criminal convictions, cautions, reprimands, bind-overs or final warnings, whether in the United Kingdom or in another country? These should exclude those defined as “protected” by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (and subsequent amendments).For more guidance, please visit [www.gov.uk](https://www.gov.uk/government/publications/new-guidance-on-the-rehabilitation-of-offenders-act-1974)  |
| 🞎 Yes 🞎 No  |
| If Yes, please provide details: |
|  |

|  |
| --- |
| \* Have you ever been subject to any disciplinary action in your current or previous positions, or had any allegations made against you? |
| 🞎 Yes 🞎 No  |
| If Yes, please provide details: |
|  |

**Relationships**

|  |
| --- |
| If you are related to a Trustee or have a personal relationship with a Trustee or any employee of the charity, please state the name and job title of the individuals and your relationship: |
|   |

|  |
| --- |
| Where did you see this vacancy advertised? |
|  |

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation.

|  |
| --- |
| I agree to the above declaration |
| Signature |  |
| Name |  | Date |  |

Please send your completed application form to trustee@chemohero.com