

PRICES MILL SURGERY

APPLICATION FOR EMPLOYMENT (Part 1)



POST APPLIED FOR _____ APPLICATION # _____
HR to enter one of these after application # - A (appointed) S (short-listed) U (Unsuccessful after interview)

PLEASE COMPLETE BOTH PARTS OF THE FORM

CVs are not generally accepted as a substitute for Part 2 of this Application Form but may be considered providing they include all of the information requested on this form

All of the information that you provide is treated as strictly confidential

PLEASE USE BLACK INK OR TYPE

PREFERRED TITLE <i>(Mr, Mrs, Miss, Ms, Dr etc.)</i>	SURNAME/FAMILY NAME
FORENAME(S)	
ADDRESS	
	POSTCODE
HOME TEL	MOBILE TEL

Prices Mill Surgery is committed to Equal Opportunities in employment, which requires fair and equal treatment of all job applicants. The information on sex, ethnic origin and disability is used solely for monitoring purposes and will be used to check whether this policy is working

SEX (Please tick as appropriate)		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	
ETHNIC GROUP (Please tick to indicate the ethnic group to which you feel you belong)		
White	Mixed	Asian or Black Asian
A <input type="checkbox"/> British	D <input type="checkbox"/> White & Black Caribbean	H <input type="checkbox"/> Indian
B <input type="checkbox"/> Irish	E <input type="checkbox"/> White & Black African	J <input type="checkbox"/> Pakistani
C <input type="checkbox"/> Other white background	F <input type="checkbox"/> White and Asian	K <input type="checkbox"/> Other Asian background
	G <input type="checkbox"/> Other mixed background	
Black or Black British	Other Ethnic Categories	
M <input type="checkbox"/> Caribbean	R <input type="checkbox"/> Chinese	
N <input type="checkbox"/> African	S <input type="checkbox"/> Any other Ethnic category	
P <input type="checkbox"/> Irish	<i>Please provide details</i>	

DISABILITY**Yes****No**

Do you consider yourself to be disabled
 (as defined under the Disability Discrimination Act 1995?)
 (If **YES**, please give details)

*Please continue on a separate sheet if necessary***HEALTH**

All shortlisted applicants may be subject to pre-employment health assessment in accordance with the practice's procedure. Please note that the disclosure of any illness or disability will not result in unfair discrimination against an applicant. New employees may be required to undertake a medical examination prior to appointment.

All applicants should note that the Prices Mill Surgery operates a No Smoking Policy.

ADDITIONAL INFORMATION**Yes****No**

1. Do you need a work permit?

2. Are you registered as a patient at this practice?

If Yes, please note that if your application is successful, it would be a requirement for you to register with another practice.

3. How many days absence through sickness have you had over the last two years?

REHABILITATION OF OFFENDERS ACT 1974

Posts concerned with the provision of health services, in respect of any employment within the NHS or otherwise, which involve access to patients, are exempt from the provisions of the above Act.

Details of any convictions (state "None" if not applicable). Please specify dates and whether the conviction is "spent" or "unspent":

Applicants should note that any failure to disclose information about unspent, and spent convictions if required, would result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to this application.

DECLARATION: I declare that all information given in part 1 and Part 2 of this application form, and any supporting documentation submitted is to the best of my knowledge correct. Also, I understand that to knowingly give false information or failing to disclose convictions may, in the event of employment, result in dismissal or disciplinary action. I confirm that to the best of my knowledge there are no medical reasons which would prevent me from undertaking the duties of the post.

Signed: _____**Date:** _____**Return to:** The Practice Manager, Prices Mill Surgery, Newmarket Road, Nailsworth, Glos. GL6 0DQ

APPLICATION FOR EMPLOYMENT (Part 2)

CURRENT OR MOST RECENT EMPLOYMENT

Job Title and current grade (if appropriate)	Name and address of employer	Dates From To	Salary	Notice required

Brief description of duties and responsibilities, and reasons for seeking a change:

PREVIOUS EMPLOYMENT

Please enter most recent first.

If you have worked in a non-paid capacity, and would like to give us details, please do so.

Job Title and grade (if appropriate)	Name of employer	Dates From	To	Brief description of duties and responsibilities

SECONDARY EDUCATION

Name of School/College	Qualification	Subject	Grade	Year

FURTHER/HIGHER EDUCATION/PROFESSIONAL TRAINING

Name of Institution	Qualification	Subject	Grade	Year

OTHER TRAINING

Include here any other training courses you have attended or are attending, which are of relevance to this post)

Title of Course and Training Institution	Qualifications Gained (if applicable)	Duration of course and date of completion

SUPPORTING INFORMATION

Please indicate why you think you should be considered for this post, giving details of present and previous experience or skills you have attained which are of relevance. Achievements gained through voluntary work etc. should be included if relevant (Continue on a separate sheet if necessary).

LEISURE INTERESTS

Give details of your hobbies/interests and any other relevant comments

MEMBERSHIP OF STATUTORY PROFESSIONAL BODIES (e.g. UKCC, CPSM etc.)

Name of Body: _____

Registration/PIN No _____

Renewal Date _____

REFEREES

Please provide names of two people who are able to provide references relating to your employment experience. One should be your current employer (or if presently not working, your last employer). Both referees should hold/have held a position as your manager/supervisor. A personal/character referee should only be submitted where you have limited work experience e.g. student/returner to work.

First Referee

Name _____

Position _____

Capacity in which referee is known to you: _____

Address _____

Post Code _____

Tel No _____

Fax No _____

E-mail _____

Second Referee

Name _____

Position _____

Capacity in which referee is known to you: _____

Address _____

Post Code _____

Tel No _____

Fax No _____

E-mail _____

References will only be requested if you are to be offered an interview. Please tick in the box below if you object to the referee being contacted prior to interview

I object to this referee being contacted before I am interviewed

I object to this referee being contacted before I am interviewed

THANK YOU FOR COMPLETING THIS APPLICATION FORM