

## Danetre Medical Practice Application for Employment Form

POSITION \_\_\_\_\_

The contents of this form will be treated as confidential

### PERSONAL DETAILS

Surname

Forenames

Mr/Mrs/Ms/Miss  
(delete as appropriate)

Address

Post Code

Telephone number

Do you have a current driving licence? YES  NO

If there any endorsements on your driving licence, please give details below:

### EDUCATION HISTORY

School / College /  
University attended

Qualifications Gained

**EMPLOYMENT HISTORY (beginning with your most recent Employer)**

| <b>Length of Employment</b> | <b>Name &amp; address of Employer</b> | <b>Job Title</b> | <b>Duties</b> | <b>Rate of Pay</b> | <b>Reason(s) for Leaving</b> |
|-----------------------------|---------------------------------------|------------------|---------------|--------------------|------------------------------|
|                             |                                       |                  |               |                    |                              |
|                             |                                       |                  |               |                    |                              |
|                             |                                       |                  |               |                    |                              |
|                             |                                       |                  |               |                    |                              |

| Length of Employment | Name & address of Employer | Job Title | Duties | Rate of Pay | Reason(s) for Leaving |
|----------------------|----------------------------|-----------|--------|-------------|-----------------------|
|                      |                            |           |        |             |                       |
|                      |                            |           |        |             |                       |
|                      |                            |           |        |             |                       |
|                      |                            |           |        |             |                       |

**Notice period required with current Employer:**



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**REFERENCES**

**Please give the name and address of two people from whom we may obtain a character and work experience reference.**

**1**

**2**





**Any position which requires, as part of normal duties, caring for, training, supervising or being in sole charge of children or vulnerable adults will require Criminal Records Bureau (CRB) checks to be undertaken, including provision of a suitable disclosure document and Independent Safeguarding Authority (ISA) Registration.**

**The Protection of Children Act, the Protection of Vulnerable Adults Act and the Safeguarding Vulnerable Groups Act will apply in this case.**

**Please confirm your acceptance of this by signing below.**

**\*\*\*Delete as appropriate\*\*\***

**For the purpose of this post you are / are not required to undertake a CRB check and have ISA Registration therefore you must / need not sign below.**

**Signed: ..... Date: .....**

**DECLARATION**

**(Please read this carefully before signing the Application Form**

**I confirm the above information is complete and correct.**

***Any offer of appointment may be withdrawn if you knowingly withhold information, or provide false or misleading information.***

***If your application is successful, your employment may be terminated should any subsequent information come to light once you have been appointed.***

**If my Application for Employment is successful, I authorise you to contact my doctor for further details and confirmation of my state of health.**

**\*\*\*Choose as appropriate\*\*\***

**EITHER**

**If my Application for Employment is successful, I agree to undergo a medical examination if this is required to ensure my suitability to carry out my duties.**

**I have given my explicit consent freely.**

**OR**

**If my Application for Employment is successful, I agree to undergo a medical examination if this is required to ensure my suitability to carry out my duties and for provision of medical information as part of an occupational health scheme or private medical insurance scheme.**

**I have given my explicit consent freely.**

**I authorise you to contact the above two stated referees.**

**Signed:**

**Dated:**

