Danetre Medical Practice Application for Employment Form

POSITION					
The contents of this form will be treated as confidential					
	PERSON	AL DETAILS			
Surname		Forenames			
Mr/Mrs/Ms/Miss (delete as appropriate) Address					
Post Code		Telephone number			
Do you have a current drivi	ng licence? YES 🔲 NO				
If there any endorsements of	on your driving licence,	please give details below:			
	EDUCATION	ON HISTORY			
School / College / University attended		Qualifications Gained			
Omersity attended					
					

EMPLOYMENT HISTORY (beginning with your most recent Employer)					
Length of Employment	Name & address of Employer	Job Title	Duties	Rate of Pay	Reason(s) for Leaving

Length of Employment	Name & address of Employer	Job Title	Duties	Rate of Pay	Reason(s) for Leaving
	equired with current Employe				

GENERAL COMMENTS
Please detail here your reasons for applying for this position, your main achievements to date and the strengths you would bring to this post. This is the part of the application form where you can bring to our attention any qualities you believe we should be aware of. Do not feel under any obligation to complete this section if you believe the rest of this form has brought out these qualities in sufficient detail.
If you find there is insufficient space, please continue on a separate sheet.

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LEISURE Please give details of your leisure interests, sports and ho	bbies and other pastimes.

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PI	REFERENCES ease give the name and address of two people from whom we may obtain a character and work experience reference.
1	
2	

CRIMINAL RECORD

Please give details of any criminal convictions except those spent under the Rehabilitation of Offenders Act 1974.

Delete as appropriate

For the purpose of this post you are / are not required to provide this information.

CRIMINAL RECORDS BUREAU (CRB) DISCLOSURE DOCUMENT & INDEPENDENT SAFEGUARDING AUTHORITY (ISA) REGISTRATION

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:	
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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:
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