Dr D T Carey Dr J R Hamilton Dr NA Moloney Dr S A Elliott Dr D N A Smith Dr J Crichton



# **Job Application Form**

Please ensure you complete the application form in full as we cannot accept CVs. Please complete with black ink and block capitals. This form will be kept in confidence when completed and returned to us.

Application for (job title):		Job reference number:
Location:		
Fair treatment statement		
No applicant will be unfairly discriminated a eliminating discrimination on account of age ethnicity, gender, race, relationship status, se membership or stewardship.	e, cultural/religious/p	political belief, disability,
Personal details		
Surname:	Forename:	
Name known by (if different):	Tit	le:
Address:	Contact telephone	numbers(s):
	Day:	
	Evening:	
Postcode:	Mobile:	
E–mail address:		
If we need to, the best way for us to contact	you is by:	
Certificate of Sponsorship		
Do you need a Certificate of Sponsorship to	take up this post?	Yes  No
Working in the UK		
Are you eligible to work in the UK?		Yes ◎ No ◎
Date application received (office use only)		

The Green Practice, Whitefriars Surgery, Whitefriars Street, PERTH. PH1 1PP

🖂 whitefriarsgreen.tayside@nhs.net 🖀 01738 627912 Fax 01738 643969web: www.greenpracticeperth.co.uk



#### Declarations

### Convictions

NHS Scotland is exempt from the 1974 Rehabilitation Of Offenders Act (Exclusions & Exceptions)(Scotland) Order 2003. This means that **unless stated in the job description**, **person specification or application pack**, you must tell us about any previous convictions either classed as 'spent' or 'unspent'. If you are offered employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information you give will be considered only in relation to the post for which this application form refers. **Information will be verified by Disclosure Scotland for relevant posts**.

I declare that I have:

(a) No previous convictions (sign at the bottom of page)

(b) Previous convictions – details of which are:

(Please read the following points and sign below once you have completed the form)

- I have completed all parts of this application form and the details I have supplied are, to the best of my knowledge, true and complete;
- I understand that if appointed to this post the information on this form will be kept as part of my personal file record;
- I authorise you to obtain references to support this application if I am identified as a preferred candidate;
- I understand that details of educational qualifications, membership of professional bodies and referee reports may be verified through the establishments and individuals I have indicated;
- I consent to my details being kept confidentially and used for specific and lawful purposes as specified in the Data Protection Act 1998;
- I declare that I have no previous convictions, or have identified any I have above.

Signature:

Date:

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Qualifications achieved				
Subject	Type of Qualification, for example		Grade achieved	
	Standard grade, Higher, BSc, S/NVQ			
Qualifications currently stu				Γ
Subject	Type of Qualification, Standard	Grade		Dates
, 	grade, Higher, S/NVQ, BSc	antici	pated	anticipated
Membership of professiona				
Full name of	Registration number	Renev	val dat	e
organisation(s)				

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Present (or most recent) p	ost		
Job title:			
		rting grade:	
Employer:			
Dates employment started finished:	and (if applicable)		
Reason for leaving (if appl	icable):		
Notice period:	Current/mo	ost recent salary:	
Role purpose / summary o			
(Continue on a separate sh	eet if necessary)		
Employment History			
	first then work down page. If		
	it in your 'support of applicat		
Job title and Grade	Employer	Dates (from)	Dates (to)

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### Referees

Your referees will include your present (or most recent) employer. Please identify below the person in your organisation (for current NHS Scotland employees this is your direct line manager) who is authorised to confirm your employment and the details given in your application. Please identify a second referee who may have knowledge of your skills, knowledge and abilities and who may offer opinion on your suitability for this post. You **should not** use family members or friends. Our pre-employment screening also includes, (only where appropriate), health and fitness for work, criminal records, qualifications and professional registration. **Note that references will only be taken up for preferred candidates following interview.** 

Name:	Name:
Designation:	Designation:
Capacity in which known:	Capacity in which known:
Address:	Address:
Post code:	Post code:
Telephone:	Telephone:
E-Mail:	E-Mail:

Driving Licence (See job description – only complete if driving essential for post)		
Do you have a driving licence?	Yes ◎ No ◎	
If yes, which categories are you entitled to dr	ive	
For example - B, BE, CI		
-		

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## Statement in support of application

Please tell us your personal qualities, skills and attributes, experience and any major achievements and show how they match those needed for this job. If necessary please continue on a separate sheet and attach securely to this section.



Please tell us where you saw the advertisement for this post?				
Newspaper (which one?)				
Professional journal (which one?)				
Internal vacancy bulletin				
© SHOW (Scotland's Health On The Web)				
◎ Job Centre Plus				
Other (please specify)				
Equal opportunities monitoring				
We want to ensure that our job opportunities are open to all. The only way we can ensure there is equal opportunity is to monitor applications we receive, and compare the profile of people who apply with those appointed. Therefore this form asks you for your ethnic origin, gender, disability, religion, sexuality and age.				
1) You are:				
Female  Male				
2) Have you undergone, are you undergoing or do you intend to undergo gender reassignment? For example, this includes having changed your sex (gender).?				
Yes O No Prefer not to say O				
5) Do you have a physical or mental health condition or disability that:				
<ul> <li>has a substantial effect on your ability to carry out day to day activities?</li> <li>has lasted or is expected to last 12 months or more?</li> </ul>				
Yes  No  Prefer not to say				
<ul> <li>If you answered 'yes' please tick if it is either of the following:</li> </ul>				
Learning DisabilityImage: PhysicalImage: PhysicalLong standing illnessImage: Image: PhysicalImage: PhysicalMental health conditionSensory impairmentImage: Physical				
Other (please describe):				
<ul> <li>Again, if yes, please describe any particular arrangements you would need for your work location:</li> </ul>				

Thank you. Please follow the instructions in the advert on how and where to send the form.