

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			
<p>No applicant will be unfairly discriminated against. We are particularly alert to eliminating discrimination on account of age, cultural/religious/political belief, disability, ethnicity, gender, race, relationship status, sexual orientation, and/or Trade Union membership or stewardship.</p>			
Personal details			
Surname: _____		Forename: _____	
Name known by (if different): _____		Title: _____	
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

Qualifications achieved			
Subject	Type of Qualification, for example Standard grade, Higher, BSc, S/NVQ	Grade achieved	
Qualifications currently studying or working towards			
Subject	Type of Qualification, Standard grade, Higher, S/NVQ, BSc	Grade anticipated	Dates anticipated
Membership of professional regulatory bodies			
Full name of organisation(s)	Registration number	Renewal date	

Present (or most recent) post

Job title: _____

Grade: _____ Date of starting grade: _____

Employer: _____

Dates employment started and (if applicable) finished: _____

Reason for leaving (if applicable): _____

Notice period: _____ Current/most recent salary: _____

Role purpose / summary of responsibilities

(Continue on a separate sheet if necessary)

Employment History

List your most recent job first then work down page. If a job supports the position applied for, please say more about it in your 'support of application' statement on page 6

Job title and Grade	Employer	Dates (from)	Dates (to)

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 drive

For example - B, BE, CI

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 Ⓒ No Ⓒ Prefer not to say Ⓒ

5) Do you have a physical or mental health condition or disability that:

- has a substantial effect on your ability to carry out day to day activities?
- has lasted or is expected to last 12 months or more?

Yes Ⓒ No Ⓒ Prefer not to say Ⓒ

- If you answered 'yes' please tick if it is either of the following:

Learning Disability	Ⓒ	Physical	Ⓒ
Long standing illness	Ⓒ	impairment	Ⓒ
Mental health condition	Ⓒ	Sensory impairment	

Other (please describe):

- Again, if **yes**, please describe any particular arrangements you would need for your work location:

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