

GREENSANDS MEDICAL PRACTICE

Drs von Blumenthal, Jackson, Jarvis, May, Rayment, Albans, Maddams & Maguire

EMPLOYMENT APPLICATION

This form may not allow sufficient space for provision of the information requested, or other information you feel would be relevant to the application. If this is the case, please include additional sheets.

PERSONAL DETAILS:

Post applied for:	
Where did you see the post advertised?	
Surname:	First Name(s):
Address:	Postcode:
Telephone No: Daytime:	Evening:
E-mail address:	
Are you legally eligible for employment in the UK? (delete as applicable)	Yes / No (delete as applicable)
Do you require a work permit to work in the UK? (delete as applicable)	Yes / No (delete as applicable)
<i>Please note that prior to making an offer of employment, we are required by law to verify documentary evidence (and maintain copies for our files) regarding a candidate's eligibility to work in the UK. This applies to all applicants regardless of nationality/origin.</i>	
Have you any criminal convictions which are not 'spent'?	
Yes / No (delete as applicable)	
If yes please give dates and details.	

CURRENT (OR MOST RECENT) EMPLOYMENT OR WORK EXPERIENCE

Title of Post	
Number of Hours worked per week:	
Name and Address of Employer	
Postcode	
Nature of Business	Date of Appointment
Salary and Hourly Rate (Full time equivalent)	Period of Notice / Contract End Date
Summary of Duties Responsibilities	
Reason for Leaving:	

PREVIOUS EMPLOYMENT (most recent first - you may include unpaid work)

Please give a brief explanation of any periods of unemployment

Employer's Name and Address	Title of Post Held	Salary and Scale (FTE)	Date From	Date To	Reason for leaving

EDUCATION AND QUALIFICATIONS (most recent first). Include details of any qualifications for which you are currently studying/expect to attain.

Schools, Colleges Universities or other Training organisations	From*	To*	Programme of study/examinations taken (with levels and grades)

* Inclusion of qualification dates is not compulsory

PERSONAL INTERESTS/HOBBIES

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REFERENCES

Please give the name, address and telephone number of two people who would be willing to give you a reference. If you are currently or have recently been in employment, one of these should be your current or last employer. If not, a referee should be a person who can make a statement with regard to your character, e.g. a school or college teacher. Referees must not be members of your family or related to you in any way.

Name	Name
Job Title (if applicable)	Job Title (if applicable)
Address	Address
Postcode	Postcode
Telephone	Telephone
How does this person know you?	How does this person know you?
If required, may we take up reference before interview? Yes / No (delete as applicable)	If required, may we take up reference before interview? Yes / No (delete as applicable)

INFORMATION IN SUPPORT OF THIS APPLICATION

In your own words, describe the sort of work you think you would be asked to undertake if you were successful in getting this job:

Please use the space below explain **why you would be a good applicant for the post,** including any experience you have gained, skills you have to offer (for example, IT skills) and personal qualities. This may include work and voluntary/domestic activities (e.g. school committees, charity work). Please relate your comments to the job description and advertisement.

Please continue on an additional sheet if necessary

If you are selected for interview, are there any reasonable adjustments you would need us to make to make it easier for you to attend?

Yes / No (delete as applicable)

If yes, please give details:

Please note that Greensands Medical Practice operates a non-smoking policy covering all practice premises

APPLICANT'S DECLARATION

I hereby give my consent, in connection with this application, for all previous employers, educational institutions and references to be contacted to obtain and verify the accuracy of information provided by me in support of this application.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of the application or immediate termination of employment, whenever it may be discovered.

I understand that Greensands Medical Practice is permitted to hold personal information about me as identified on this application form as part of its recruitment procedures and personnel records.

Note: Greensands Medical Practice is an equal opportunities employer and does not unlawfully discriminate in employment. No information provided by the applicant will be used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by law.

Applicant's signature:

Date:

This form should be returned to Nicola Gauge, Practice Manager at Greensands Medical Practice, Brook End Surgery, Potton, Sandy, Beds SG19 2QS no later than Friday 18th October 2019.

**Greensands Medical Practice
Equal Opportunity Policy Form**

(Please tick the box / enter the information to the right of your selection)

I would describe my sex and ethnic origin as follows:

Male		Female	
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A. WHITE

British		Irish		Any other White background (Please specify)	
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B. MIXED

White and Black Caribbean		White and Black African		White and Asian		Any other Mixed background (Please specify)	
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C. ASIAN OR ASIAN BRITISH

Indian		Pakistani		Bangladeshi		Any other Asian background (Please specify)	
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D. BLACK OR BLACK BRITISH

Caribbean		African		Any other Black background (Please specify)	
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E. CHINESE OR OTHER ETHNIC GROUP

Chinese		Any other (Please specify)	
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F. ARAB OR MIDDLE EASTERN DESCENT

Arab		North African		Iraqi		Kurdish	
Any other Middle Eastern background (Please specify)							

When completed, please return this form to us, together with your Application for Employment Form.

Proof of Eligibility of UK Employment	<u>Document(s) Used as Proof:</u>		<u>Satisfactory:</u> YES / NO	<u>Date Copied:</u>
Proof of Identity Received	<u>Date:</u>		Document(s) Used as Proof:	
Photograph Received	YES / NO	<u>Date:</u>		<u>Satisfactory:</u> YES / NO
References Required	YES / NO	References Received	<u>Date:</u>	<u>Satisfactory:</u> YES / NO
Medical Report Required	YES / NO	<u>If YES – Date Consent received:</u>		<u>Satisfactory:</u> YES / NO
Proof of Registration Required	YES / NO	<u>If YES – Date Consent received:</u>		
	<u>Date Requested:</u>	<u>Date Received:</u>	<u>Satisfactory:</u> YES / NO	
Proof of Licence Required	YES / NO	<u>If YES – Date Consent received:</u>		
	<u>Date Requested:</u>	<u>Date Received:</u>	<u>Satisfactory:</u> YES / NO	
Proof of Qualifications Required	YES / NO	<u>If YES – Date Consent received:</u>		
	<u>Date Requested:</u>	<u>Date Received:</u>	<u>Satisfactory:</u> YES / NO	
DBS Clearance Required	Yes	No	IF “YES”, confirm receipt of Suitable Disclosure Document	<u>Date Received:</u>
Start Date				