

Port View Surgery

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: Practice Nurse	
How did you hear about the post?	
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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APPLICANTS WHO ARE PATIENTS OF Port View Surgery

Port View Surgery considers that employing staff who are patients of the practice has significant disadvantages both to the patient and to the practice. Please note therefore that if your application is successful, you will be required to register elsewhere.

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 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 Port View Surgery 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 Port View Surgery is permitted to hold personal information about me as identified on this application form as part of its recruitment procedures and personnel records.

Note: Port View Surgery 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 the Practice Manager, Port View Surgery

DIVERSITY MONITORING INFORMATION

Date of birth:	[optional – you do not need to complete this] This page will be removed from the application papers prior to assessment and is used only to monitor recruitment processes
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Please tick the box which best describes your cultural & ethnic origin

<input type="checkbox"/> White British	<input type="checkbox"/> Black British	<input type="checkbox"/> Indian
<input type="checkbox"/> White Irish	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Pakistani
<input type="checkbox"/> White European	<input type="checkbox"/> Black African	<input type="checkbox"/> Bangladeshi
		<input type="checkbox"/> Chinese
<input type="checkbox"/> Other white origin Please specify:	<input type="checkbox"/> Other black origin Please specify:	<input type="checkbox"/> Other Asian origin Please specify:

FOR OFFICE USE ONLY	
DATE APPLICATION RECEIVED:	INTERVIEW: YES / NO
SHORTLIST YES / NO	NOTES ON REFERENCES: