**APPLICATION FOR EMPLOYMENT AT WASHWAY ROAD MEDICAL CENTRE**

|  |  |
| --- | --- |
| Post applied for |  |
| Preferred total hours/week |  |

**Personal details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname/Family name |  | | |
| First name(s) |  | | |
| Address |  | | |
| Telephone number | Day: | Evening: | |
| Your email address |  | | |
| The following information will help us to meet our obligations under the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents).  Do you require any special arrangements to be made for you to attend for interview or undertake any practical skills tests on account of a disability? Yes/No  If yes, please provide information you believe would be helpful to us in accommodating your needs at interview. If you wish to discuss this, please contact Tanya Burton Practice Manager at the practice. | | | |
| Are there any restrictions on your right to work in the UK? | | | Yes/No |
| If yes, please give details of the restrictions and the expiry date of any permission.  *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.* | | | |

|  |  |
| --- | --- |
| Have you any unspent criminal convictions? | Yes/No |
| If yes, please give dates and details | |

|  |  |
| --- | --- |
| Do you have any post-termination restrictions from your current/previous employer that are still in force? | Yes/No |
| Do you have any other employment that you plan to continue with?  (If yes, please give details) | Yes/No |
|  | |

**References**

Please give the name, address, telephone number and email address of two referees. One of these should be your current or last employer. If you have not been employed in the past three years, 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.

|  |  |
| --- | --- |
| **Referee 1** | **Referee 2** |
| Name: | Name: |
| Job title (if applicable): | Job title (if applicable): |
| Address:  Postcode: | Address:  Postcode: |
| Telephone: | Telephone: |
| Email address: | Email address: |
| How does this person know you? | How does this person know you? |
| If required, may we take up reference before interview? **Yes/No** | If required, may we take up reference before interview? **Yes/No** |

**The following pages will form part of the assessment when shortlisting.**

**Current (or most recent) employment or work experience**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer name |  | | |
| Address |  | | |
| Type of business |  | Tel number |  |
| Your job title |  | | |
| Start date *(MM/YYYY)* |  | End date *(MM/YYYY)* |  |
| Hours worked per week |  | Salary |  |
| Reporting to (job title) |  | Period of notice |  |
| Reason for leaving (if applicable) | | | |
|  | | | |
| Brief description of your duties and responsibilities | | | |
|  | | | |

**Previous employment**

Please list the most recent first and include any unpaid work. Detail and explain any periods of unemployment

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer name and address | Your job title | Salary (FTE) or hourly rate | Start date | End date | Reason for leaving |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Education and professional qualifications**

Please write the most recent first and include details of any qualifications for which you are currently studying/expect to attain.

It should be noted that this organisation will verify the qualifications of all successful job applicants.

|  |  |  |  |
| --- | --- | --- | --- |
| Subject/qualification | Place of study | Grade/result | Year obtained |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please provide details regarding training courses that you have attended or are currently undertaking, together with the date completed or to be completed by.

|  |  |  |  |
| --- | --- | --- | --- |
| Course title | Training provider | Duration | Year completed |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Membership of professional bodies**

Please provide details regarding any relevant professional registrations or memberships. This information will be subject to a satisfactory check.

|  |
| --- |
| Please list your UK professional registrations |
|  |

**Information to support this application**

|  |
| --- |
| In your own words, please explain:   1. Why you are interested in this position 2. What makes you a good candidate for the role   Include 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. |

**Data protection**

Information from this application may be processed for purposes permitted under the General Data Protection Regulation. Individuals have, on written request, the right of access to personal data held about them.

This organisation treats personal data collected during the recruitment process in accordance with our data protection policy. Information about how your data is used and the basis for processing your data is provided in the organisation’s job applicant privacy notice which is available upon request from the practice manager.

**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 in this application will be sufficient cause for the cancellation of the application or the immediate termination of employment, whenever it may be discovered.

I declare that the information given in this application is to the best of my knowledge complete and correct.

|  |  |
| --- | --- |
| Applicant’s signature: |  |
| Date: |  |

Washway Road Medical Centre 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 at another practice.

Washway Road Medical Centre operates a non-smoking policy throughout the premises and grounds.

Upon completion, return this form to Tanya Burton at tanya.burton2@nhs.net

|  |  |
| --- | --- |
| **FOR OFFICE USE ONLY** | |
| Date application received |  |
| Shortlist: Yes/No |  |
| Interview: Yes/No |  |
| Notes of references: |  |