

Kennet and Avon Medical Partnership

APPLICATION FOR EMPLOYMENT FORM

The contents of this form will be treated as confidential

POSITION _____
Where did you see this post advertised? _____

PERSONAL DETAILS	
Surname	Forenames
Mr/Mrs/Ms/Miss (Delete as applicable)	Address
Postcode	Telephone No
E-mail address	

EDUCATION HISTORY			
EDUCATION AND QUALIFICATIONS			
Include details of any qualifications for which you are currently studying/expect to attain.			
School/College/University attended	From	To	Qualifications Gained (with grades)

EMPLOYMENT HISTORY (beginning with your most recent Employer)

Length of Employment From To	Name and Address of Employer	Job Title	Duties	Rate of Pay	Reason(s) for Leaving

Notice period required for current Employer

Please detail here your reasons for applying for this position, your main achievements to date and the strengths you would bring to this post.
This is the part of the application form where you can bring to our attention any qualities you believe we should be aware of.
If you find there is insufficient space, please continue on a separate sheet.

LEISURE

Please give details of your leisure interests, sports and hobbies and other pastimes.

REFERENCES

Please give the name, address and telephone number of two people from whom we may obtain a character and work experience reference. 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. 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	Post code
Telephone	Telephone
Email	Email
How does this person know you?	How does this person know you?
May we take up references before interview? Yes/No (delete as applicable)	May we take up references before interview? Yes/No (delete as applicable)

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 Marlborough Medical Practice operate a non-smoking policy

CRIMINAL RECORD

Please give details of any criminal convictions
For the purposes of this post you are required to provide this information.

This post is exempt from the provisions of the Rehabilitation of Offenders Act 1974, which means that applicants are not entitled to withhold any information requested about previous convictions even if, in other circumstances, they would be regarded as 'spent' under the Act.

DISCLOSURE AND BARRING SERVICE (DBS) DISCLOSURE DOCUMENT

The Protection of Children Act, the Protection of Vulnerable Adults Act and the Safeguarding Vulnerable Groups Act will apply in this case.

For the purposes of this post you are required to undertake a DBS check therefore please confirm your acceptance by signing below.

Signed Date

'The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found at the Disclosure and Barring Service website'

ELIGIBILITY FOR EMPLOYMENT IN THE UK

Please note that, 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.

Are you legally eligible for employment in the UK? Yes / No (delete as applicable)

Do you require a work permit to work in the UK? Yes / No (delete as applicable)

DECLARATION

(Please read this carefully before signing the Application Form)

I confirm the above information is complete and correct.

Any offer of appointment may be withdrawn if you knowingly withhold information, or provide false or misleading information.

If your application is successful, your employment may be terminated should any subsequent information come to light once you have been appointed.

If my Application for Employment is successful I agree to undergo a medical examination if this is required to ensure my suitability to carry out my duties and for provision of medical information as part of an occupational health scheme.

I have given my explicit consent freely.

I authorise you to contact the above two stated referees

Signed

Dated

Note: Marlborough 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.

This form should be returned to:

Amy Lacey, Patient Services Manager, Kennet and Avon Medical Partnership, Marlborough Surgery, George Lane, Marlborough, Wiltshire, SN8 4BY

FOR PRACTICE OFFICE USE ONLY

NAME OF APPLICANT:

POSITION APPLIED FOR:

Rejection letter – Yes : No | **If yes – date sent:**

Reasons for rejection / acceptance for 1st interview:

1st interview date: | **Rejection letter / 2nd Interview**

Notes on 1st interview:

2nd interview date: | **Offer Letter / Rejection Letter**

Notes on 2nd interview:

Acceptance Received | **YES / NO** | **Date Received:**