

The Glastonbury Surgery
APPLICATION FORM

Post applied for: **Date:**

Applicants Name: **Contact No:**

Applicants Address:

Previous Employment (Please start with your most recent employer)

Name:

Address:

From: To:

Job title & principle duties:

Grade/Salary and reason for leaving:

Name:

Address:

From: To:

Job title & principle duties:

Grade/Salary and reason for leaving:

Name:

Address:

From: To:

Job title & principle duties:

Grade/Salary and reason for leaving:

Education and Training Continued...

Details of Further Education (examinations passed, e.g. A levels)

School/College Name:

Subject	Level	Grade

Details of Higher Education and/or professional qualifications

Establishment Name:

Course Title	Result

* Professional Registration no (PIN):

* Registration body:

* Expiry Date:

* *Complete for clinical post applications only*

Additional Information

National Insurance No:

Do you hold a current UK Driving Licence? **YES** **NO**

Information in support of Application

Please give details of any skills; interests and experience that you feel are relevant to your application. Include the reason(s) why you are applying for the post. If necessary you may attach additional sheets of paper.

A large, empty rectangular box with a thin black border, intended for the applicant to provide details of skills, interests, and experience relevant to the application. The box occupies most of the page below the instructions.

Information in support of application continued...

References

Please provide details of two referees, one of whom must be your current employer (or your last employer if currently unemployed). Referees will be automatically approached if you are shortlisted for interviews unless you have placed a cross in the appropriate box.

Employer's Reference:

Place a cross in this box if you **DO NOT** wish us to approach this reference before interview

Name:

Address:

Daytime Tel No:
(Including area code)

Capacity in which known:

Second Referee who can comment on your ability to perform the duties required of this post:

Place a cross in this box if you **DO NOT** wish us to approach this reference before interview

Name:

Address:

Daytime Tel No:
(Including area code)

Capacity in which known:

DISCLOSURE OF CRIMINAL BACKGROUND To be completed by all applicants.

Have you ever been convicted of a criminal offence or have any hearings pending?

- YES** **NO**

If yes, please give details on a separate sheet.

Notes

1. Applicants for jobs in the following fields are not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Rehabilitation of Offenders Act.

Doctors and other Medical Professionals, Accountants, Dentists and allied workers. Nurses and Midwives, Opticians, Pharmacists, Professions Allied to medicine and any other Health Service employment which involves access to patients and or any work involving access to persons under 18.

In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action.

2. Where posts are subject to the provisions of Home Office Joint Circular (88)44 as having substantial access to children applicants will be subject to the relevant police checks.
3. Any information provided will be completely confidential and will be considered only in relation to an application for positions to which these orders apply.

Signature of Applicant:

Date: