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| **C:\Documents and Settings\sharon.burgess\Local Settings\Temp\SMP LOGO SCREEN.jpg**  **APPLICATION FOR EMPLOYMENT** |

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| Please print clearly and complete **all** sections. Use a continuation sheet if necessary. |

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| **PREVIOUS EMPLOYMENT** | |
| Position applied for: | Anticipated salary: |
| What would be your preferred working hours? (e.g. part-time, 15 hours, full-time) | On what date would you be available to start work? |
| Have you previously worked for Salisbury Medical Practice? (give details) | Have you previously applied to work at Salisbury Medical Practice? (give details) |
| Are you eligible to work in the UK? | Do you require a work permit to work in the UK? |
| *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.* | |
| Where did you hear about this vacancy? (give details) | |

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| **APPLICANTS WHO ARE PATIENTS OF SALISBURY MEDICAL PRACTICE** |
| The Practice considers that employing staff who are patients of the Practice has significant disadvantages both to the patient/staff member and to the Practice. Therefore, if your application is successful and you are offered a position at the Practice, we will require you to register elsewhere for General Practice services. |

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| **PERSONAL DETAILS** | |
| Surname: | Forenames: |
| Address:  Post Code: | Telephone Number:  Mobile Number:  Email Address: |

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| **EDUCATION** | |
| Schools, Colleges, Universities attended, starting with the most recent. | Courses taken and examinations passed **(with grades)** |
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| **TRAINING** |
| Professional Qualifications and Memberships |
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| Have you had any experience working with computers and computer software? (if yes, please provide details) |
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| Outline the skills, knowledge and experience you have gained through education, paid employment and other work activities relevant to your application. |
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| **PRESENT / LAST EMPLOYER** | |
| Name and Address of Employer: | Job Title: |
| Current Salary: |
| Period of Notice: |
| Dates of Employment: |
| Reason(s) for Leaving: | |
| Outline your main duties and include reasons why you think they may be of relevance to the position you are applying for. | |
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| **PREVIOUS EMPLOYMENT**  Starting with most recent and including any voluntary and/or domestic activities where appropriate | | | |
| Name and Address of Employer | Position Held and Main Duties | Dates From/To | Reason(s) for Leaving |
| Type of Business: | Leaving Salary: £ |  |  |
| Type of Business: | Leaving salary: £ |  |  |
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| Type of Business: | Leaving Salary: £ |  |  |

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| I hereby give permission to contact the employers listed above concerning my prior work experience.  Signed…………………………………………………………………………………………………………....  If there is a particular employer(s) you do not wish us to contact, please indicate below. |

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| **REFERENCES** | | | | | |
| Please give the details 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: | | | Job Title: | | |
| How does this person know you: | | | How does this person know you: | | |
| Address: | | | Address: | | |
| Phone Number: | | | Phone Number: | | |
| Email Address: | | | Email Address: | | |
| May we take up reference before interview? | Y | N | May we take up reference before interview? | Y | N |

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| **AVAILABILITY FOR WORK**  (please tick) | | | | |
|  | Morning | Afternoon | Evening | Full Flexible |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |

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| **OTHER INFORMATION** | | |
| **This role is “excepted” from the Rehabilitation of Offenders Act 1974. You are therefore required to disclose details of any criminal record, caution, reprimand, or warning by the police, whether “spent” or not.**  **Only relevant convictions will be taken into account in assessing your suitability for this position.**  *Have you ever been convicted by the courts, cautioned, reprimanded or given a final warning by the Police?* | Y | N |
| **If “Yes”, give details of the offence(s) including dates and penalties imposed. Please note that further information may be required later.**  *Please note that an Enhanced Disclosure and Barring Service check will always be undertaken prior to any formal offer of employment.* | | |
| **Is there any other information which may have a bearing on your suitability to undertake this role? Examples may include police investigations or allegations made against you.**  *If “Yes”, give details of the offence(s) including dates and penalties imposed. Please note that further information may be required later.* | Y | N |
| Do you have a current full UK Driving Licence and are able to drive?  *Please state any endorsements: (e.g. SP30)* | Y | N |

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| **Please use this space to provide any further information about yourself that you feel may support your application** |
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| **DECLARATION** | |
| I declare that the information given on this application form is to the best of my knowledge, true and complete. | |
| Signed: | Dated: |