**Application for employment at West Timperley Medical Centre**

If this form does not have sufficient space to provide the information requested or other information you believe would be relevant to the application, please include additional sheets.

This organisation 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.

|  |  |
| --- | --- |
| Post applied for |  |
| Where did you see this post advertised? |  |

**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 Emma Foskett, 0161 929 1515*. | | | |
| 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 a full driving licence? | Yes/No |
| Do you have any current endorsements? | Yes/No |
| Do you have the use of a car? | Yes/No |
| 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 |
|  | |

**Current (or most recent) position**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 applying for this position | | | |
|  | | | |
| Brief description of your duties and responsibilities | | | |
|  | | | |

**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.

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| --- | --- | --- | --- |
| Subject/qualification | Place of study | Grade/result | Year obtained |
|  |  |  |  |
|  |  |  |  |
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Please provide details regarding training courses that you have attended or are currently undertaking, together with the date completed or to be completed by.

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| --- | --- | --- | --- |
| Course title | Training provider | Duration | Year completed |
|  |  |  |  |
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**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 (500 word limit)**

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| --- |
| 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: |  |

West Timperley 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.

West Timperley Medical Centre operates a non-smoking policy throughout the premises and grounds.

Upon completion, return this form to Emma Foskett at emma.foskett1@nhs.net

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