



THREE CHEQUERS MEDICAL PRACTICE JOB APPLICATION FORM

The information you provide to us will be used for the purposes of considering your application and assessing your suitability for the job only and will be processed by us in accordance with the Data Protection Act 1998.

PERSONAL DETAILS	
Title:	
First Name:	Surname:
Address:	
Postcode:	
Telephone: Home:	Mobile:
Email:	
National Insurance Number:	
Do you have legal status to work in UK? YES / NO	Do you require a work permit to work in the UK? YES / NO
We are obliged by law to check your identity and that you are permitted to work in the UK. You will be required to provide us with the necessary evidence (original documents) before you can start work.	
Which position are you interested in?	
Are you looking for a Full time or Part time hours – (if Part time how many hours approx.?)	
When are you available to start work?	
Do you hold a relevant current driving licence? Yes / No	Do you have access to a car Yes / No
Please give details of any driving offences currently under endorsement:	

Do you have any unspent criminal convictions (in accordance with the Rehabilitation Act 1974)

Yes/ No

If yes, please provide details as some posts within the organisation are not protected by the Rehabilitation Act 1974

EMPLOYMENT HISTORY

Please list your most recent employer first – and complete this even if you are attaching your CV. If there are any breaks from employment, please explain them. If you need to detail any other relevant work experience, attach it as a separate sheet

Company Name:

Manager's Name:

Address:

Telephone:

Email:

Employed from

to

Salary:

Job title:

Outline your main duties and include reasons why you think they may be of relevance to the position you are applying for:

Reasons for leaving:

Company Name:

Manager's Name:

Address:

Telephone:

Email:

Employed from

to

Salary:

Job title:

Duties:

Reasons for leaving:

Company Name:	Manager's Name:
Address	
Telephone:	Email:
Employed from	to
Salary:	
Job title:	
Duties:	
Reasons for leaving:	

EDUCATIONAL HISTORY		
Name and Address of School:	Dates attended:	Qualifications:
Any other relevant studies, qualifications or life experiences?		
What relevant skills and experience do you have that would contribute to the success of Three Chequers Medical Practice?		
Have you previously applied to work at Three Chequers Medical Practice? (Please provide details)		

REFERENCES

If we offer you a position we will contact your previous employers for a reference and your employment will be conditional upon the receipt of satisfactory references. If your references are not satisfactory, the offer of employment may be withdrawn. Please provide the contact details of two referees(**including most recent employer**) who we could approach for references

Name:	Name:		
Job Title:	Job Title:		
Reference Type (e.g. Character, Employer etc.):	Reference Type (e.g. Character, Employer etc.):		
Address:	Address:		
Phone Number:	Phone Number:		
Email Address:	Email Address:		
May we take up reference before interview?	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center; border: none;">Y</td> <td style="width: 33%; text-align: center; border: none;">N</td> </tr> </table>	Y	N
Y	N		
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Y	N		

Please use the space below explain why you would be a good applicant for the post, including 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. Please continue on an additional sheet if necessary

ADDITIONAL INFORMATION

Do you have any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974 that we need to know about? **If none please state.** We may require you to provide us with a Criminal Records Bureau standard disclosure document to verify the information stated on this application form.

Please let us know if there are any reasonable adjustments that we should make in order to facilitate any disability and enable you to attend an interview, or any information about such a disability that you would like us to take into account when considering your application.

PLEASE READ THIS PART CAREFULLY

Should your application be successful and you are short listed for a position, you will be asked to provide information relating to your health or a medical questionnaire.
We may seek to verify the information provided to us in this application form.

To the best of my knowledge the information on this application is complete and correct. I understand that falsifying information may disqualify me from being considered for employment by Three Chequers Medical Practice and, if I am employed by Three Chequers Medical Practice may be cause for instant dismissal.

Signature:

Date:

Once completed please submit this application form to Endless Street Surgery or by email to bswicb.recruitment.threechequers@nhs.net