**Temple Sowerby Medical Practice**

**APPLICATION FOR EMPLOYMENT**

**Notes and Guidance**

Thank you for your interest in the vacancy we have advertised. We hope that these notes and the accompanying details will help you with the application process. It is our aim to make the process of recruitment and selection as open, fair and effective as possible. Please do not hesitate to ask for further information if anything is unclear.

Completing the application form

Please fill in **ALL** sections of the form preferably in black ink for ease of photocopying and return by email. You may submit a curriculum vitae in addition to the form if you wish, but your application will be considered on the basis of a fully completed form.

Your application must include a full history, in employment and education in chronological order, with start and end dates.

Any periods not in employment, education or training must be included and explained.

Some important reminders

* The declaration at the end of the form is taken seriously. An application will either be disqualified or, if the applicant has been appointed, dismissal if the information given is knowingly incorrect.
* You must complete your name and date of birth section on the Equal Opportunities form for security purposes.
* Since all staff appointed may be in contact with people under the age of 18, applicants are requested to disclose any criminal conviction, including spent convictions, and may be asked questions about it. The successful candidate may be required to complete a medical questionnaire.
* If you have a disability you may wish to complete your application in a different format, for example, using an application form in large print, or via alternative media. Do not hesitate to get in touch if we can be of assistance in any way.
* All information will be processed and where necessary held in accordance with the Data Protection & GDPR Regulations.

What happens next?

The written application you make will be shortlisted to make up a list of people who will be invited for an interview.

Interviews are usually held between 1 week of the closing date for applications. We may contact your referees prior to the interview so that their written opinion can be available at interview. This will include a reference from your current employer so please provide email contacts / telephone numbers for referees.

If you have not received a letter/phone call inviting you for interview within a week of applying for the post, please presume you have not been successful.

If your application is successful, your appointment will be subject to satisfactory references and a satisfactory Enhanced DBS Disclosure application.

If you have any further queries relating to the post or your application, please contact The Practice Business Manager Jackie O’Neil on:

jackie.oneil@nhs.net

 or by telephone on: 01768 366850/ 07894871713

## Application for Employment

PART A—PERSONAL INFORMATION

**POST APPLIED FOR:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Forename(s)** |  |
| **Former Name(s)** |  | **NI Number** |  |
| **Current Address** |  | **Nationality** |  |
|  |  | **Home Tel.** |  |
|  |  | **Work Tel.** |  |
| **Post Code** |  | **Mobile Tel.** |  |
| **Email** |  |  |  |

PART B—EDUCATION & TRAINING

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| --- | --- | --- | --- |
| **Secondary Schools** | **Qualifications Gained** | **Date of Award** | **Grades** |
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| **College / University** | **Qualifications Gained** | **Date of Award** | **Grades** |
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|  | **Qualifications Gained** | **Date of Award** | **Grades** |
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|  | **Qualifications Gained** | **Date of Award** | **Grades** |
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| **Details of any other relevant training......** |
| **Course/Training Title and Details** | **Dates** |
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PART C – REFEREES

Notes:

References will not be accepted from relatives or friends. Please give the names of two referees, one of whom must be your current employer.

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| **Name:**  | **Address:** |
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| **Position:**  |  |
| **Tel:** |
| **Email:**  |
| **Name:**  | **Address:**  |
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| **Position:**  |  |
| **Tel:** |
| **Email:**  |

References will be taken up for applicants invited for interview, including a reference from your current employer, appointment will be subject to the receipt of satisfactory references.

#### PART D - EMPLOYMENT

**Present or most recent Job details:**

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| --- | --- | --- |
| **Employer:**  | **Type of Business:**  | **Date Started:** |
| **Currently Employed?**  | **If no, reason for leaving:** | **Date Left:**  |
| **Job Title (including grade):** | **Salary:** | **Notice Required:** |
| **Main duties and responsibilities:** |

**Previous employment (or other relevant experience):**

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| --- | --- | --- | --- | --- |
| **From** | **To** | **Employer Name Address & Telephone** | **Job Title and Duties** | **Salary on Leaving Reason for Leaving** |
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**PART E –Post Qualification Information**

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| **Are you qualified for the post for which you have applied:** | Details: |

#### PART F – EMPLOYMENT SUITABILITY

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| --- |
| Please use this space to outline your suitability for the post e.g. your current duties and responsibilities, and your personal qualities and experience, and how you meet the requirements of the role. Further sheets may be attached if necessary. |

*Continue on a separate sheet if necessary.*

#### PART G – Patient Status

Are you a patient of Temple Sowerby Medical Practice?

Yes / No ­­­­­­­­­­­­­­­­­­­

If appointed you would not be permitted to remain as a patient at Temple Sowerby Medical Practice

#### PART H – DATA PROTECTION

All parts of the information you provide on this form may be stored in manual and/or computer files, and used for the purposes of personnel / employee administration, including analysis for management purposes and statutory returns. All information will be processed and where necessary held in accordance with the Data Protection and GDPR Regulations.

#### PART I – REHABILIATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1995

Because of the work environment for which you are applying this post is 'exempt' from the provisions of the Rehabilitation of Offenders Act 1974. Applicants are required to disclose any convictions, bind-overs or cautions including those which for other purposes are 'spent' under the provisions of the Act. In the event of employment failure to disclose such convictions will result in dismissal. Any information given will be confidential. **IMPORTANT: The section below must be completed.**

Please indicate whether or not you have any previous convictions/formal Police cautions or bind-overs: **YES/NO**

If Yes, please provide details with your application, including your name, in a separate sealed envelope marked confidential.

#### PART J – DECLARATION

To the best of my knowledge and belief the information I have given in my application is correct. I declare that I am not on list 99, disqualified from working with children, or subject to sanctions imposed by a regulatory body. I have no convictions, cautions or bind-overs, or have attached details of this in a sealed envelope.

Signed: Date

**Please return your completed application by email to: jackie.oneil@nhs.net**

**or**

**Mrs J O’Neil – Practice Business Manager, Temple Sowerby Medical Practice, Linden Park, Temple Sowerby, Penrith, CA10 1RW**

#### PRE EMPLOYMENT MEDICAL QUESTIONAIRE

**Please complete the form below. The information contained within it will be used to establish whether or not you will be required to complete a full medical questionnaire if you receive an offer of employment.**

**The information will be used for this purpose only and will be treated as confidential.**

|  |  |
| --- | --- |
| **Firstname(s)** |  |
| **Surname** |  |
| **Previous Surname(s)** |  |
| **Date of Birth** |  |
| **Post Applied for** |  |

**Do you need any special aids/adaptations to assist you at work, whether or not you have a disability?**

**Are you having or waiting for treatment or investigations of any kind at present?**

**Have you ever had any health problems which may have been caused or made worse by work?**

#### EQUAL OPPORTUNITIES IN EMPLOYMENT

Temple Sowerby Medical Practice is committed to Equal Opportunities. Our aim is to make sure that you and other applicants for jobs are not discriminated against on any of the following grounds: sex, colour, nationality, ethnic origins, religion, sexual orientation or disability. The Equal Opportunities policy aims to make sure that you are not disadvantaged by job conditions or requirements which are not relevant to the vacancy.

Please complete the form below. The information contained within it will be used to monitor the Equal Opportunities Policy, make sure that it is working in practice and to see if any reasonable adjustments need to be made. The information will be used only for monitoring purposes or to make adjustments and will be treated as confidential. It will only be seen by staff assessing the effectiveness of the Equal Opportunities Policy.

If you consider that your application for a job with Temple Sowerby Medical Practice has not been fairly treated, you should write to the Practice Manager with details of your complaint within three months of your application.

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| **First name(s)** |  |
|  |  |
| **Previous Surname(s)** |  |
| **Date of Birth** |  |
| **Post Applied for** |  |

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| **Are you male or female?** |  | **Female**  |

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| **Please specify which age category you are within:** |
| **Under 25 [ ]**  | **25-30** [ ]  | **31-40** [ ]  | **41-50** [ ]  | **51-60** [ ]  | **61+** [ ]  |

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| **Please tick the box to indicate your ethnicity:** |
| **[ ]  Asian or Asian British: Bangladeshi** | **[ ]  Black or Black British: African** | **[ ]  Mixed—White & Asian** |
| **[ ]  Asian or Asian British: Indian** | **[ ]  Black or Black British: Caribbean** | **[ ] Mixed—White & Black African** |
| **[ ]  Asian or Asian British: Pakistani** | **[ ]  Black or Black British: Other**  | **[ ] Mixed—White & Black Caribbean** |
| **[ ]  Asian or Asian British: Other** | **[ ]  Chinese** | **[ ] Mixed—Any other Background** |
| **White—British**[ ]  | **[ ]  White—Irish** | **[ ]  White—Any other White Background** |
| **[ ]  Any Other** |

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| **Please indicate your religious beliefs:** |
| **[ ]  Christian** | [ ]  **Buddhist** | [ ]  **Sikh** | [ ]  **Muslim** | [ ]  **Jewish** | [ ]  **Hindu** | [ ]  **None** | [ ]  **Other** |
| **What is your sexual orientation?** |
| **[ ]  Bisexual** | [ ]  **Gay Man** | [ ]  **Lesbian** | **Hetrosexual/Straight** [ ]  | [ ]  **Other** | [ ]  **Prefer not to say** |

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| **Do you regard yourself as disabled as defined by the Disability Discrimination Act?** |  |  |
| **If you have answered yes to the above, please tell us what type of disability affects you:** |
| **[ ]  Blind/Particially sighted** | **[ ]  Emotional/Behavioural** | **[ ]  Deaf/Hearing Impaired** |
| **[ ]  Mental Health Problems** | **[ ]  Wheelchair User** | **[ ]  Mobility Difficulties** |

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| **Where did you see this post advertised?** |  |

Signed Date

The provision of much of the information in this questionnaire constitutes sensitive and personal data as defined within the Data Protection & GDPR Reulations and as such requires your specific permission. Your signature to this document will be deemed to be such specific permission.