

**PRESTBURY MEDICAL PRACTICE  
EMPLOYMENT APPLICATION FORM**

<b>Application Number</b>	
<b>Closing Date</b>	

This form may not allow sufficient space for provision of the information requested, or other information you feel would be relevant to the application. If this is the case, please include additional sheets. Please note, CV's will only be accepted in support of a completed application form.

<b>1. PERSONAL DETAILS:</b>	
<b>Post applied for:</b>	
<b>Where did you see the post advertised?</b>	
<b>Surname:</b>	<b>First Name(s):</b>
<b>Address:</b>	
<b>Postcode:</b>	
<b>CONTACT DETAILS</b>	
<b>Daytime telephone number:</b>	
<b>Evening telephone number:</b>	
<b>E-mail address:</b>	
<b>Are you legally eligible for employment in the UK?</b>	<b>Yes / No</b> (delete as applicable)
<b>Do you require a work permit to work in the UK?</b>	<b>Yes / No</b> (delete as applicable)
<i>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.</i>	
<b>Have you any criminal convictions which are not 'spent'?</b>	
<b>Yes / No</b> (delete as applicable)	
<b>If yes please give dates and details.</b>	
[Delete the following paragraph if this is a non-clinical post which is currently not covered by this exemption:]	
<i>This post is exempt from the provisions of the Rehabilitation of Offenders Act 1974, which means that applicants are not entitled to withhold any information requested about previous convictions even if, in other circumstances, they would be regarded as 'spent' under the Act.</i>	

<b>2. <u>CURRENT (OR MOST RECENT) EMPLOYMENT OR WORK EXPERIENCE:</u></b>	
<b>Title of Post:</b>	<b>Number of Hours worked per week:</b>
<b>Name and Address of Employer</b>	
	Postcode
<b>Nature of Business</b>	<b>Date of Appointment</b>
Salary and Hourly Rate (FTE <sup>1</sup> )	Period of Notice / Contract End Date
<b>Summary of Duties Responsibilities:</b>	
<b>Reason for leaving:</b>	

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<sup>1</sup> Full Time Equivalent

**3. PREVIOUS EMPLOYMENT:** (most recent first - you may include unpaid work). Please give a brief explanation of any periods of unemployment

<b>Employer's Name and Address</b>	<b>Title of Post Held</b>	<b>Salary and Scale (FTE<sup>2</sup>)</b>	<b>Date From</b>	<b>Date To</b>	<b>Reason for leaving</b>

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<sup>2</sup>Full Time Equivalent

**4. EDUCATION AND QUALIFICATIONS:** (most recent first). Include details of any qualifications for which you are currently studying/expect to attain.

Schools, Colleges Universities or other Training organisations	From*	To*	Programme of study/examinations taken (with levels and grades)

\* Inclusion of qualification dates is not compulsory

**5. PERSONAL INTERESTS/HOBBIES**

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## **6. APPLICANTS WHO ARE PATIENTS OR RELATED TO STAFF**

We consider 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 elsewhere.

If you are directly related to an existing member of staff please be aware that we will be unable to process your application any further.

	<b>Yes / No</b>
<b>Are you registered as a patient here?</b>	
<b>Are you directly related to a current staff member?</b>	

## **7. REFERENCES**

Please give the name, address and telephone number of two referees 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 (if applicable)	Job Title (if applicable)
Address	Address
Postcode	Postcode
Telephone	Telephone
How does this person know you?	How does this person know you?
If required, may we take up reference before interview?  Yes / No <b>(delete as applicable)</b>	If required, may we take up reference before interview?  Yes / No <b>(delete as applicable)</b>

**8. INFORMATION IN SUPPORT OF THIS APPLICATION**

Please use the space below to briefly describe your previous work experience and skills acquired, specifically relevant to the role which you are applying for. You may also include work and voluntary/domestic activities (e.g. school committees, charity work).

*Please continue on an additional sheet if necessary*

**If you are selected for interview, are there any reasonable adjustments you would need us to make to make it easier for you to attend?**

**Yes / No** (delete as applicable)

If yes, please give details:

**Please note that Prestbury Medical Practice operates a non-smoking policy covering all practice premises**

**9. 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 on this application will be sufficient cause for cancellation of the application or immediate termination of employment, whenever it may be discovered.

I understand that Prestbury Medical Practice is permitted to hold personal information about me as identified on this application form as part of its recruitment procedures and personnel records.

**Note:** Prestbury Medical Practice 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.

**Applicant's signature:**

**Date:**

**10. DIVERSITY MONITORING INFORMATION – TO BE REMOVED PRIOR TO SHORTLISTING**

Date of birth:	[optional – you do not need to complete this] This page will be removed from the application papers prior to assessment and is used only to monitor recruitment processes

**Please tick the box which best describes your cultural & ethnic origin**

<input type="checkbox"/> White British	<input type="checkbox"/> Black British	<input type="checkbox"/> Indian
<input type="checkbox"/> White Irish	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Pakistani
<input type="checkbox"/> White European	<input type="checkbox"/> Black African	<input type="checkbox"/> Bangladeshi
		<input type="checkbox"/> Chinese
<input type="checkbox"/> Other white origin Please specify:	<input type="checkbox"/> Other black origin Please specify:	<input type="checkbox"/> Other Asian origin Please specify:

<b>For HR / OFFICE USE ONLY</b>	
<b>Application Number</b>	
<b>Closing Date</b>	
DATE APPLICATION RECEIVED:	INTERVIEW: YES / NO
SHORTLIST: YES / NO	NOTES:

**Please email it back to Victoria Roddie ([victoria.rodie@nhs.net](mailto:victoria.rodie@nhs.net)) or post it to Victoria Roddie, Prestbury Medical Practice, 81 Prestwood Road West, Wednesfield, Wolverhampton, WV11 1HT**