

Post Applied for:

Post Number:

Frome Medical Practice Application Form

Closing Date:

Interview Date:

Please complete this form fully using black ink or type. Curriculum Vitae's (CV's) are not accepted without a completed application form. Applications received after the closing date will not normally be considered.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal details

Last Name:

First Name:

Address:

Postcode:

Home Telephone N^o:

National Insurance N^o:

Letters	Numbers								Letter
<input style="width: 100%; height: 15px;" type="text"/>									

Daytime Telephone N^o:

Mobile Telephone N^o:

E-mail address:

Can we contact you at work? Yes No

Are you free to remain and take up employment in Yes No

Are you free to remain and take up employment in the UK with no current immigration restrictions? Yes No

Section 2 Present Employment

Present Employment (If now unemployed give details of last employer) Please explain any gaps in your employment.

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment:

Salary:

Department / Section:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice:

Last day of service

(if no longer employed):

Reason for leaving:

Section 3 Previous Employment

Previous Employment (most recent previous employer first). Please cover the last 10 years.

Name and Address of Employer	Date From	Date To	Job title/Function/Responsibilities	Salary and Reason for leaving

Continue on a separate sheet if necessary

Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

Professional or Management Qualifications

Please give details:

Professional/Technical/ Management Qualifications	Course Details

Membership of any Professional Associations- Please state level of Membership:

Continue on a separate sheet if necessary

Section 5 Training and Development

Please give details of any training and development courses and non-qualification courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Continue on a separate sheet if necessary

Section 6 Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the position you have applied for, in particular the person specification. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

Section 7 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offenders act 1974? Yes No

Do you have any prosecutions pending? Yes No

If yes, please give details of prosecutions pending, dates of offence(s) and sentence:

To protect the public, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. It is not, therefore, in any way contrary to the Act to reveal any information you may have concerning convictions which would otherwise be considered as "spent" in relation to this application. Any such information will be kept in strictest confidence.

The following information will be required for the post you are applying for as a requirement for a Disclosure and Barring Service check.

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? Yes No

Section 8 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities. **(See Guidance Notes).**

Do you have a disability which is relevant to your application? Yes No

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview? Yes No

If yes, please give details:

Section 9 Health

Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed.

Section 10 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position (job title):	<input type="text"/>	Position (job title):	<input type="text"/>
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Telephone N°:	<input type="text"/>	Telephone N°:	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

Are you willing for this referee to be approached prior to the interview? Yes No

Are you willing for this referee to be approached prior to the interview? Yes No

Section 11 Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM.

What is your Ethnic Group?

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A. White

White UK

Irish

White non-UK

Any other White background
(please give details):

B. Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed background
(please give details):

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background
(please give details):

D. Black or Black British

Black Caribbean

Black African

Any other Black background
(please give details):

E. Chinese or other ethnic group

Chinese

Vietnamese

Any other ethnic background
(please give details):

F. I do not wish to provide this information

Section 11 Recruitment Monitoring Form continued

Gender

Male

Female

Disability

Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”.

Do you consider yourself disabled? **Yes** **No**

If yes, please give details:

Present Status

Internal Applicant

External Applicant

Age Group

16-25

26-35

36-45

46-55

56-65

66-70

Over 70

Media

Please state where you saw this post advertised

For Office Use Only:

Start Date:

Section 12 Declaration

A. Relatives/Other Interests

Are you related to or do you have a close personal relationship with anyone associated with Frome Medical Practice?

Yes No

If yes, specify name(s), position(s) and relationship(s)

If appointed, do you have any interests or hold any appointments that may conflict with employment with Frome Medical Practice in the role for which you have applied?

Yes No

Our practice is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and partners to share this commitment.

B. Statement to be Signed by the Applicant

Frome Medical Practice is committed to an anti-fraud culture and participates in statutory anti-fraud initiatives.

Please complete the following declaration and sign it in the appropriate place below.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.

Signed:

Date:

(NB. Candidates selected for interview will normally be notified within three weeks of the closing date. Unfortunately, applicants who do not hear from Frome Medical Practice must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in this post.

Frome Medical Practice undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 2018.

If you are returning this form by email, you will be asked to sign your application at interview.

RETURNING THIS FORM



By Hand or Post:

Frome Medical Practice
Enos Way
Frome
Somerset
BA11 2FH

By E-Mail:

somccg.frome.hr@nhs.net

Enquiries:

Telephone: 01373 301303