**EMPLOYMENT APPLICATION**

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.

**PERSONAL DETAILS**

|  |
| --- |
| **Post applied for:** Click here to enter text. |
| **Where did you see the post advertised?** Click here to enter text. |
| **Surname:** Click here to enter text.**Male/Female:** Click here to enter text. | **First Name(s):** Click here to enter text. |
| **Address:**Click here to enter text. |
|  |  |
| **Telephone Nº Daytime:** Click here to enter text.**Evening:** Click here to enter text.**E-mail address:** Click here to enter text.**Do you hold a current UK driving licence?** Click here to enter text.**What would be your method of transport to work?** Click here to enter text. |
| **Are you legally eligible for employment in the UK?** Click here to enter text.**Do you require a work permit to work in the UK?** Click here to enter text.*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.* |
| *This role is “excepted” from the Rehabilitation of Offenders Act 1974. You are therefore required to disclose details of any criminal record, caution, reprimand, or warning by the police, whether “spent” or not.* *Only relevant convictions will be taken into account in assessing your suitability for this position.* Have you ever been convicted by the courts, cautioned, reprimanded or given a final warning by the Police? Click here to enter text.If “Yes”, give details of the offence(s) including dates and penalties imposed. Please note that further information may be required later: Click here to enter text.*Please note that an Enhanced Disclosure and Barring Service check will always be undertaken prior to any offer of employment.* Is there any other information which may have a bearing on your suitability to undertake this role? Examples may include police investigations or allegations made against you. Click here to enter text.If “Yes”, please give details Click here to enter text. |

**CURRENT (OR MOST RECENT) EMPLOYMENT OR WORK EXPERIENCE**

|  |
| --- |
| Title of Post Click here to enter text. |
| Name and Address of Employer Click here to enter text. |
| Nature of BusinessClick here to enter text. | Date of AppointmentClick here to enter text. |
| Salary and Grade/ScaleClick here to enter text. | Period of Notice / Contract End DateClick here to enter text. |
| Summary of Duties/ResponsibilitiesClick here to enter text. |

**PREVIOUS EMPLOYMENT** (most recent first - you may include unpaid work)

Please give a brief explanation of any periods of unemployment

|  |  |  |  |
| --- | --- | --- | --- |
| Employer’s Name and Address | Post Held and dates | Duties and responsibilities | Reason for leaving |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**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 | Programme of study/examinations taken (with levels and grades) | Dates (not compulsory) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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**PERSONAL INTERESTS/HOBBIES**

|  |
| --- |
| Click here to enter text. |

**APPLICANTS WHO ARE PATIENTS OF *Downing Street Group Practice***

***Downing Street Group Practice*** 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 elsewhere.

**REFERENCES**

Please give the name, address and telephone number of two people 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.

|  |  |
| --- | --- |
| NameClick here to enter text. | NameClick here to enter text. |
| Job Title (if applicable)Click here to enter text. | Job Title (if applicable)Click here to enter text. |
| AddressClick here to enter text. | AddressClick here to enter text. |
| TelephoneClick here to enter text. | TelephoneClick here to enter text. |
| How does this person know you?Click here to enter text. | How does this person know you?Click here to enter text. |
| If required, may we take up reference before interview?Click here to enter text. | If required, may we take up reference before interview?Click here to enter text. |

**INFORMATION IN SUPPORT OF THIS APPLICATION**

|  |
| --- |
| 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. Please relate your comments to the job description and advertisement.Click here to enter text.Please continue on an additional sheet if necessary  |

**HEALTH**

|  |
| --- |
| Please note that the disclosure of any illness or disability will not result in unfair discrimination against an application. If successful, you will be required to complete a health questionnaire and may be invited to attend for a pre-employment medical.**Please give details of any illnesses over the past 3 years that have prevented attendance at work for more than a week and of any on-going treatment or disabilities:** Click here to enter text. |

**CONTRACTED HOURS OF WORK**

|  |
| --- |
| The Practice is open from 8am to 6:30pm but there is likely be a requirement to cover extended hours in the future and you are also likely be asked to cover other staff members’ sickness or annual leave.**Please confirm whether you are able to work additional hours as described:** Click here to enter text. |

**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 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 *Downing Street Group 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:** *Downing Street Group 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:**Click here to enter text. |

**This form should be returned to The Practice Manager at 4 Downing Street, Farnham, Surrey, GU9 7PA**

**(or** **julia.crimes@nhs.net****).**