

# Caythorpe & Ancaster Medical Practice

12 Ermine Street, Ancaster, Grantham, Lincs. NG32 3PP - 01400 230226  
52 High Street, Caythorpe, Grantham, Lincs. NG32 3DN - 01400 272215

## APPLICATION FORM

### CONFIDENTIAL

### POSITION APPLIED FOR:

PLEASE USE **BLOCK CAPITALS** AND CONTINUE ON SEPARATE SHEET(S) IF SPACE IS INADEQUATE

#### PERSONAL DETAILS

Forename(s):

Surname:

Address:

Postcode:

Telephone:

Mobile:

Daytime telephone number:

Do you have a driving licence?

YES  NO

Do you have a car?

YES  NO

How did you learn of this vacancy?

#### INTERESTS, HOBBIES AND SPORTS

Please give details of all your spare time interests and hobbies including details of membership of bodies, committees, voluntary work and so on.

**DESCRIBING YOU**

Please tell us what skills and personal qualities you have to enable you to work successfully for us.

**EDUCATION DETAILS**

Please give details of all secondary education including examinations taken (with results).

Schools/Colleges

Courses/Exams

Qualifications obtained

State any other achievements during education.

*Please be prepared to provide certificates of pass, etc.*

**FURTHER EDUCATION DETAILS**

Please give details of any university course or other further education undertaken (including youth training, technical courses, vocational studies, correspondence courses, etc).

University/FE College

Courses/Exams

Qualifications obtained

*Please be prepared to provide certificates of pass, etc.*

**PUBLIC OR VOLUNTARY COMMITMENTS**

Please give details of membership of any public or voluntary body and indicate the approximate time

commitment entailed.

**EMPLOYMENT DETAILS**

Please give details of relevant previous employment/key achievements that might help us assess your suitability for the job for which you are applying, starting with the most recent employment and working backwards.

**CURRENT/LAST EMPLOYER**

Name:

Address:

Postcode:

Contact for reference:

Telephone:

*Please note that we will not contact your present employer for a reference without your permission. However, any job offer made will be subject to receipt of satisfactory references. It is our policy to contact ALL named referees.*

May we contact your current employer for a reference?

YES  NO

Position(s) held:

Salary/Wage:

Outline of duties/key achievements:

bm

Reason for leaving:

Notice period:

Does your current contract of employment contain any restrictions that prevent you from competing with

your current employer or soliciting its customers after you have left? YES  NO

**PREVIOUS EMPLOYER(1)**

Name:

Address:

Postcode:

Contact for reference:

Telephone:

May we contact for a reference?

YES  NO

Position(s) held:

Salary/Wage:

Outline of duties/key achievements:

Reason for leaving:

**PREVIOUS EMPLOYER(2)**

Name:

Address:

Postcode:

Contact for reference:

Telephone:

May we contact for a reference?

YES  NO

Position(s) held:

Salary/Wage:

Outline of duties/key achievements:

Reason for leaving:

Please continue on a separate sheet of paper if necessary

**RIGHT TO WORK IN UK**

Are you legally entitled to work in the UK?

YES  NO

We will require evidence of this prior to commencing employment

**CRIMINAL RECORD**

Have you ever been convicted of a criminal offence?

YES  NO

Declaration subject to the Rehabilitation of Offenders Act 1974

**If YES**, please give details:

Please note you are not entitled to withhold information when asked about pending prosecutions or

convictions which for other purposes are “spent” under the provisions of the Rehabilitation of Offenders Act 1974.

All new staff are required, by law, to have a satisfactory Criminal Records Bureau Disclosure before commencing. If you are successful in your application for the post, The Practice will need to apply for an Enhanced Disclosure, prior to starting work.

All new staff are confirmed in post only following the satisfactory outcome of an Enhanced Disclosure from the CRB.

Further information and assistance will be available from the Manager, or by contacting the CRB information line on 0870 90 90 822.

**Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position, and the circumstances and background of your offences.**

A copy of the Company’s Policy on the recruitment of ex-offenders is available on request.

### HOURS AND DAYS YOU CAN WORK

For each day of the week, please write the time you can work. Please indicate the earliest time you can start and the latest time you can finish.

|     |      |    |     |      |    |     |      |    |
|-----|------|----|-----|------|----|-----|------|----|
| MON | am - | pm | TUE | am - | pm | WED | am - | pm |
| THU | am - | pm | FRI | am - | pm | SAT | am - | pm |

Please indicate the maximum number of hours you can work each week: \_\_\_\_\_ hrs

### HEALTH

Do you suffer from any disability\* and/or medical condition? YES  NO

If yes will it affect your ability to carry out the duties of the job for which you are applying YES  NO

This information will help us to identify reasonable adjustments that we might need to make to arrangements/premises in order to accommodate you. We are an equal opportunities employer and will not discriminate on the grounds of disability.

**If YES**, please give details

### DATA PROTECTION

The Data Protection Act 1998 (“the Act”) sets out certain requirements for the protection of your personal information against unauthorised use or disclosure. The Act also gives you certain rights. Except to the extent we are required or permitted by law, the information which you provide in this application form and any other information obtained or provided during the course of your application (“the information”) will be used solely for the purposes of assessing your application. If your application is unsuccessful or you choose not to accept any offer of employment we make, the information will not be held for longer than is necessary, after which time it will be destroyed, although relevant information will be retained in the longer term to facilitate our equal opportunity monitoring. If your application is successful, the information will form part of your employment file and we will be entitled to process it for all purposes in connection with your employment. So that we may use the information for the above purposes and on the above terms, we are required under the Act to obtain your explicit consent. Accordingly, please sign the consent section below.

I CONSENT TO MY PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND ON THE TERMS SET OUT ABOVE.

Signed

Date:

**UNDERTAKING**

**Please read and sign the following undertaking:** I confirm that the information I have given on this application form is, to the best of my knowledge and belief, true in all respects. I understand that, should I have deliberately made a false or misleading statement on this form my future employment can be terminated without notice.

Signed

Date:

**Note:**

We are an equal opportunities employer and will not tolerate discrimination in any form.

**FOR OFFICE USE ONLY:**

Application No:

Initials of person reviewing:

Score against selection criteria (if applicable)

Invite to interview/offer job?

YES

NO

**If NO** state reasons:

\*The Disability Discrimination Act defines disability as "A physical or mental impairment which has a substantial and long term effect on the persons ability to carry out normal day-to-day activities".

You can either post this form back to Ancaster Surgery at the address at the top of the form marked for the attention of Mr A Down, or alternatively you can email the form to [Adrian.down@nhs.net](mailto:Adrian.down@nhs.net) if you have completed this electronically and are emailing it to the surgery we do not require a signature.