***THE BANKS AND BEARWOOD MEDICAL PRACTICE***

# JOB APPLICATION FORM

POST APPLIED FOR:

SURNAME:       FORENAME:

ADDRESS:

POSTCODE:

TELEPHONE NO:       MOBILE NO:

EMAIL ADDRESS:

Please include a current email address as we would prefer to communicate with you this way.

CURRENT EMPLOYMENT

Name and address of Employer:

Post Held:

Date Commenced:

Approx. Gross Salary:

Reason for leaving:

Notice required:

PREVIOUS EMPLOYMENT: Please list most recent first, maximum of past five years only:

**Name and address**

**of employer Post From To Reason for leaving**

Please give details of any skills, experience or qualifications which you feel would especially suit the job you are applying for (continue on a separate sheet of paper if necessary).

Please give details of any medical condition or treatment, which has caused you significant loss of working time in the past three years.

Do you, or have you, ever suffered from, any physical or psychiatric condition that could prevent you from carrying out the full range of duties of this post? YES [ ]  / NO [ ]  (tick as appropriate and provide details).

Any appointment to the practice is subject to the practice receiving satisfactory checks from the Disclosure and Barring Service concerning any former criminal convictions. You should note that employment within the surgery is not subject to the Rehabilitation of Offenders Act 1974, and that you are required to declare all criminal convictions, even those which are classed as spent.

Do you have any previous criminal convictions, cautions or warnings to declare?

YES [ ]  / NO [ ]  (tick and provide details as appropriate).

Are you the subject of any previous or outstanding investigation or action by a professional body?

YES [ ]  / NO [ ]  (tick and provide details as appropriate).

**REFERENCES**

Please give details of **two** referees willing to give work references:

Name:

Address:

Tel:

E-mail

Occupation:

Name:

Address:

Tel:

E-mail

Occupation:

Referees may be contacted: (Please TICK as appropriate)

**BEFORE INTERVIEW / AFTER INTERVIEW / AFTER APPOINTMENT**

 [ ]  [ ]  [ ]

I declare that the information given on this form is true and complete to the best of my knowledge:

SIGNATURE:       DATE:

Space for Extra Information (if required)