

HAXBY GROUP PRACTICE

APPLICATION FOR EMPLOYMENT

Please complete in ink or type

Haxby Group Practice is committed to a policy of Equal Opportunities in Employment.

We welcome applications from all sections of the community regardless of sex, marital status, carer responsibility, sexuality, age, race, disability or religious belief.
The Practice operates a No Smoking Policy

1. PERSONAL DETAILS

Title of the post applied for:

Are you applying on a job share basis? Yes/No

Forenames _____ Surname _____

Preferred Name _____

Home Address _____

_____ Postcode _____

Email address _____

Telephone

Home _____

Business _____

Mobile _____

May we contact you at work? Yes/No

2. GENERAL

Do you hold a current driving licence?

Yes/No

Is it full or provisional?

Full/provisional

If yes, do you have use of a car?

Yes/No

Please give details of any endorsements

CONFIDENTIAL WHEN COMPLETE

Are there any access arrangements or adjustments that may be required to be made should you be invited for interview?

If so please state here

Any final offer of employment will be subject to references. Please indicate two people who can provide references – one of whom should preferably be your present/most recent employer:

Reference 1

Title: _____ Name: _____

Address: _____

_____ Postcode _____

Tel. No. _____ e mail: _____

Occupation: _____

I give/do not give permission to take up my reference prior to an offer of employment being made.

(Delete as appropriate)

Reference 2

Title: _____ Name: _____

Address: _____

_____ Postcode _____

Tel. No. _____ e mail: _____

Occupation: _____

I give/do not give permission to take up my reference prior to an offer of employment being made.

(Delete as appropriate)

3. EMPLOYMENT HISTORY

Please state your current salary:

Is this annual, pro rata, whole time, per hour/week or day?

Please give details of all jobs held including part time and unpaid work, starting with your current or most recent employer.

EMPLOYER (NAME AND FULL ADDRESS)	JOBS HELD/ KEY ACHIEVEMENTS	REASON FOR LEAVING	LENGTH OF SERVICE

Please continue on a separate sheet if necessary, giving page number and title heading

4. EDUCATIONAL, TECHNICAL AND PROFESSIONAL QUALIFICATIONS

Please name any school, college, institute for higher education or professional body in full and include attainment level or qualifications achieved.

5. PERSONAL DEVELOPMENT

Please include any courses, membership, voluntary work or responsibilities you consider relevant, with outcomes where applicable.

6. OTHER RELEVANT INFORMATION

Please add any further information that may support your application e.g. additional skills or abilities.

7. REASON FOR APPLICATION

Please explain, in a short statement, your reasons for applying for this position.

8. LEGISLATIVE REQUIREMENTS FOR APPLICATIONS

Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK? Yes/No

If yes, please provide details:

If you are successful in your application, would you require a work permit prior to taking up employment? Yes/No

Disclosure of Criminal Convictions

Have you any criminal convictions? Yes/No

If Yes, please give details

Please note:

All posts advertised in the NHS are exempt from the Rehabilitation of Offenders Act 1997.

Therefore you are required by law to disclose ALL CONVICTIONS against you, including motoring offences, and even those convictions that have become 'spent' under the above Act.

Failure to disclose spent convictions may result in any offer of employment being rescinded or appropriate disciplinary action taken, which may lead to dismissal.

DATA PROTECTION STATEMENT

The data that you provide on this form and that obtained from other relevant sources will be used to process your application for employment. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process.

If you succeed in your application and take up employment with us, the information will be used in the administration of your employment with us and to provide you with information about us or a third party via your payslip. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process.

We may check the information collected, with third parties or with other information held by us. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other ways as permitted by law.

By signing the application form we will be assuming that you agree to the processing of sensitive personal data, (as described above), in accordance with our registration with the Data Protection Commission.

6. DECLARATION

I declare that the information I have given in this application is accurate and true. I understand that providing misleading or false information on any Haxby Group Practice document will disqualify me from appointment or, if appointed, may result in my dismissal.

Signed _____ Date _____

Please return your completed application form to:

Mrs M Barraclough,
Personnel Manager
Haxby Group Practice
Haxby/Wigginton Health Centre
The Village, Wigginton
York
YO32 2LL