APPLICATION FOR EMPLOYMENT WITH

SWANAGE MEDICAL PRACTICE

APPLICATION FOR EMPLOYMENT – PART A

Job Title	**Salaried GP**
Department	**Clinical Team at Swanage Medical Practice**

Personal Details

Surname/Family Name	
First Names	
Name in which you are registered	
Title	
Date of Birth	
UK National Insurance No	
Gender	**Male** ☐ **Female** ☐ **I do not wish to disclose** ☐
Address	
Postcode	
Country	
Home Telephone	
Mobile Telephone	
Email Address	
Do you require us to obtain a work permit for you to work in the UK under the terms of the Immigration and Asylum Act 1996?	
Yes ☐ **No** ☐	
Please supply details of any permit currently held including number, validity and expiry date.	

EQUAL OPPORTUNITIES MONITORING

Race relations (amendment) Act 2000

This information is collected to fulfil the obligations of the above and is used for monitoring purposes only.

Asian or Asian British	Bangladeshi ☐ Indian ☐ Pakistani ☐ Any other Asian background ☐
Black or Black British	African ☐ Carribean ☐ Any other Black background ☐
Mixed	White & Asian ☐ White & Black African ☐ Whie & Black Caribbean ☐ Any other mixed background ☐
White	British ☐ Irish ☐ Any other White background ☐
Other Ethnic Group	Chinese ☐ Polish ☐ Any other ethnic group ☐
I do not wish to disclose my ethnic origin	☐

Employment Equality Regulations

In order to comply with these regulations, we are monitoring sexual orientation and religion/belief in applications.

Please select the option which best describes your sexuality	Lesbian ☐ Gay ☐ Bisexual ☐ Heterosexual ☐ I would rather not say ☐
Please indicate your religion or belief	Atheism ☐ Buddhism ☐ Cristinaity ☐ Islam ☐ Jainism ☐ Sikhism ☐ Judaism ☐ Hinduism ☐ Other ☐ I do not wish to disclose my relgion/belief ☐

Disability Discrimination Act 1995

Under the terms of the Act of a disability is defined as a "physical or mental impairment which has a substantial and long term effect on a persons ability to carry out normal day to day activities. We would welcome applications from disabled people.

Do you consider yourself to have a disability	Yes ☐ No ☐ I do not wish to disclose the information ☐
If yes, do you need special arrangements to enable you to attend for interview?	Yes ☐ No ☐
If yes please give details	

Rehabilitation of Offenders Act

Have you at any time received, or had pending, a court conviction	Yes ☐ No ☐
If yes please give details	

Any offer of employment may be subject to a satisfactory disclose from the Criminal Records Bureau. Failure to reveal information relating to any conviction could lead to withdrawal of an offer of employment.

Relationships

If you are related to any of the Partners or have a relationship with a partner or employee of an appointment organisation, please state the relationship.

DECLARATION

The information in this form (parts A & B) is true and complete. I agree that any deliberate omissions, falsifications or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. This applies equally to any medical questions forms.

I agree to the above declaration	
Signature	
Name	Date

APPLICATIN FOR EMPLOYMENT – PART B

Details entered in this part of the form will be held in the HR department at Swanage Medical Practice and will be made available to the short listing panel

Job Title	

Education and professional qualifications

Include in this section all the relevant qualifications. Please also indicate subjects currently being studied.		
Subject/Qualifications/Grade & results	Place of Study	Date

Training Courses Attended

Include in this section all the training courses you have attended. Please also indicate subjects currently being studied.		
Course Title	Training provider	Date

Membership of Professional Body

Please indicate your professional:

Employment History

Please record below details of your current or most recent employer

Employer Name	
Address	
Type of Business	
Telephone	
Job Title	
Start Date	
End Date	
Salary	
Reason for leaving (if applicable)	
Description of your duties and responsibilities	

Previous Employment 1

Please record below the details of your previous employment beginning with the most recent first. Please explain any gaps in employment in the "supporting information" section below. Please add additional employers/information on a separate sheet.

Employers Name	
Address	
Job Title	
From Date	
To Date	
Reason For Leaving	
Description of your duties and responsibilities	

Previous Employment 2

Please record below the details of your previous employment beginning with the most recent first. Please explain any gaps in employment in the "supporting information" section below. Please add additional employers/information on a separate sheet.

Employers Name	
Address	
Job Title	
From Date	
To Date	
Reason For Leaving	
Description of your duties and responsibilities	

Supporting information

In this section please give your reasons for applying for this post and additional information which shows how you match the person specification for the job. This can include relevant skills, knowledge, experience and training etc

Supporting Information

Additional Personal Information

Preferred Employment Type	Full Time ☐ Part Time ☐
Do you have a valid driving licence for the UK?	Yes ☐ No ☐

References

Please give the names of the people who have agreed to supply references. For all positions you must provide 2 references. If you are, or have been employment, one should be your most recent employer.

All references will be approached with your prior agreement if you are successful at interview.

Referee 1

Surname	
First Name	
Job Title	
Address	
Telephone	
Email	
Relationship	

Referee 2

Surname	
First Name	
Job Title	
Address	
Telephone	
Email	
Relationship	