



APPLICATION FOR EMPLOYMENT

Please print clearly and complete all sections. Use a continuation sheet if necessary.

PREVIOUS EMPLOYMENT

Position applied for:	Anticipated salary:
What would be your preferred working hours? (e.g. part-time, 15 hours, full-time)	On what date would you be available to start work?
Have you previously worked for Salisbury Medical Practice? (give details)	Have you previously applied to work at Salisbury Medical Practice? (give details)
Are you eligible for employment in the UK?	Do you require a work permit to work in the UK?
<i>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.</i>	
Where did you hear about this vacancy? (give details)	

APPLICANTS WHO ARE PATIENTS OF SALISBURY MEDICAL PRACTICE

The Practice considers that employing staff who are patients of the Practice has significant disadvantages both to the patient/staff member and to the Practice. Please note therefore that if your application is successful and you are offered a position at the Practice, we will require you to register elsewhere for General Practice services.

PERSONAL DETAILS

Surname:	Forenames:
Address:	Telephone Number:
Post Code:	Mobile Number:
	Email Address:

EDUCATION

Schools, Colleges, Universities attended, starting with the most recent.

Courses taken and examinations passed (with grades)

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TRAINING

Professional Qualifications and Memberships

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Have you had any experience working with computers and computer software? (if yes, please provide details)

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Outline the skills, knowledge and experience you have gained through education, paid employment and other work activities relevant to your application.

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PRESENT / LAST EMPLOYER

Name and Address of Employer:	Job Title:
	Current Salary:
	Period of Notice:
	Dates of Employment:
Reason(s) for Leaving:	
Outline your main duties and include reasons why you think they may be of relevance to the position you are applying for.	

PREVIOUS EMPLOYMENT

Starting with most recent and including any voluntary and/or domestic activities where appropriate

Name and Address of Employer	Position Held and Main Duties	Dates From/To	Reason(s) for Leaving
Type of Business:	Leaving Salary: £		
Type of Business:	Leaving salary: £		
Type of Business:	Leaving Salary: £		
Type of Business:	Leaving Salary: £		

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed.....

If there is a particular employer(s) you do not wish us to contact, please indicate below.

REFERENCES

Please give the details of two professional people (**including most recent employer**) we could approach for references.

Name:		Name:	
Job Title:		Job Title:	
Reference Type (e.g. Character, Employer etc.):		Reference Type (e.g. Character, Employer etc.):	
Address:		Address:	
Phone Number:		Phone Number:	
Email Address:		Email Address:	
May we take up reference before interview?	Y	N	May we take up reference before interview?
			Y
			N

OTHER INFORMATION

<p>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.</p> <p>Only relevant convictions will be taken into account in assessing your suitability for this position.</p> <p><i>Have you ever been convicted by the courts, cautioned, reprimanded or given a final warning by the Police?</i></p>	Y	N
<p>If “Yes”, give details of the offence(s) including dates and penalties imposed. Please note that further information may be required later.</p>		
<p><i>Please note that an Enhanced Disclosure and Barring Service check will always be undertaken prior to any formal offer of employment.</i></p>		

<p>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.</p> <p><i>If "Yes", give details of the offence(s) including dates and penalties imposed. Please note that further information may be required later.</i></p>	Y	N
<p>Do you have a current full UK Driving Licence and are able to drive? Please state any endorsements: (e.g. SP30)</p>	Y	N

<p>Please use this space to provide any further information about yourself that you feel may support your application (please use a continuation sheet if necessary)</p>

DECLARATION	
I declare that the information given on this application form is to the best of my knowledge, true and complete.	
Signed:	Dated: