

River Wey Medical Practice



Employment Application Form			
Position applied for:			
1. Personal Details			
Title:			
First Name(s):			
Family Name:			
Address:			
Post Code:			
Telephone	Home:	Mobile:	Work:
e-Mail Address:			
Driving Licence	Do you have a valid UK driving licence Yes <input type="checkbox"/> No <input type="checkbox"/>		
2. Education & Training			
<i>Secondary school – please give details of school, dates attended and subjects studied</i>			
Dates	School	Subjects	

College/university/tertiary education - please give details of school, dates attended and subjects studied

Dates	Name & Type of Institution	Subjects

3. Qualifications

Please only claim qualifications for which you can provide certificates or other documentary evidence.

Qualification(s) Gained & Dates	Grade(s)

4. Training Courses Attended - *please use a continuation sheet if necessary*

Date	Course Title & Purpose

5. Computer Skills & Experience

Please list the software packages you can use indicating whether you received specific training or are self-taught, the role in which you used the software and the year when learnt.

Software	Method of Learning	Role	Year

6. References

Please provide two references. These will be checked if an offer of employment is made.

Reference 1

Name:

Position/Title:

Company/Business:

Address:

Post Code:

Telephone:

Employee Ref No.

Type of Reference: Work Personal Other (State):

Reference 2

Name:

Position/Title:

Company/Business:

Address:

Post Code:

Telephone:			
Employee Ref No.			
Type of Reference	Work <input type="checkbox"/>	Personal <input type="checkbox"/>	Other (State):
7. HSC2002/008 Declaration			
<i>To comply with the requirements of the Department of Health direction HSC2002/008 we are required by law to ascertain the following information from you (please tick as appropriate).</i>			
<ul style="list-style-type: none"> • Have you been bound over or ever been convicted of a criminal offence in the UK or in any other country? No <input type="checkbox"/> Yes <input type="checkbox"/> (if yes, please give details on a separate sheet) • Have you been charged with a criminal offence, whether in the UK or another country, that is not yet disposed of? No <input type="checkbox"/> Yes <input type="checkbox"/> (if yes, please give details on a separate sheet) • Have you received a police caution, final warning or reprimand? No <input type="checkbox"/> Yes <input type="checkbox"/> (if yes, please give details on a separate sheet) • Are you currently the subject of any investigation or proceedings by any body having regulatory functions relating to health/social care professionals including such a body in another country? No <input type="checkbox"/> Yes <input type="checkbox"/> (if yes, please give details on a separate sheet). • Have you ever been disqualified from the practice of a profession or required to practise it subject to specified limitations following fitness to practise proceedings by a regulatory body in the UK or in another country? No <input type="checkbox"/> Yes <input type="checkbox"/> (if yes, please give details on a separate sheet) • To your knowledge, are you currently the subject of any police investigation, whether in the UK or in any other country? No <input type="checkbox"/> Yes <input type="checkbox"/> (if yes, please give details on a separate sheet) • Have you previously been dismissed from any employment, office or other position by reason of misconduct? No <input type="checkbox"/> Yes <input type="checkbox"/> (if yes, please give details on a separate sheet) 			
<i>Please note that if you are offered employment by Dr O'Donnell & Partners, you are required to notify the Practice Manager if you are charged with a criminal offence in the UK or in any other country.</i>			
8. Health			
Please note, successful applicants will be required to complete an occupational health questionnaire and may need to attend a health assessment.			
Are you physically and mentally fit to undertake the duties of this position? Yes <input type="checkbox"/> No <input type="checkbox"/>			
9. Right to work in the United Kingdom			
<i>We will need to see your birth certificate and a current passport or driving licence (bearing a photograph) to confirm your identity. If you have a work permit we will need to see this and verify its status.</i>			
What is your nationality?			
Are you legally entitled to work in the UK?			

Do you require a work permit to work in the UK?	
Please provide your NI number?	

10. Employment History

Please start with current or most recent position and work backwards – we **must** have exact dates and where there are gaps, please provide an explanation)

From dd/mm/yy	To dd/mm/yy	Employer	Position	Type (full, part, contract etc	Reason for Leaving

From dd/mm/yy	To dd/mm/yy	Employer	Position	Type (full, part, contract etc	Reason for Leaving

11. Other Information

Please use the space below to record any other information such as skills, experience or interests that you consider might be important or of value in supporting your application.

Have you attached any continuation sheets? If so, how many?

I confirm that I have truthfully answered the above questions and can fully comply with the above requirements. Further, I also understand that this document does not constitute a job offer or contract of employment.

.....
(Signature of applicant)

(Date)

.....
(Print applicant's name)

Please return the form marked *Confidential* to:

Anne Green
Practice Manager
River Wey Medical Practice
Farnham Centre for Health
Hale Road
Farnham
Surrey
GU9 9QS