**APPLICATION FOR EMPLOYMENT WITH**

**SWANAGE MEDICAL PRACTICE**

**APPLICATION FOR EMPLOYMENT – PART A**

|  |  |
| --- | --- |
| **Job Title** | **Advanced Practice Nurse** |
| **Department** | **Clinical Team** |

**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 |
|  |  |  |
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|  |  |  |

**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 |
|  |  |  |
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**Membership of Professional Body**

|  |
| --- |
| Please indicate your professional (if professional registration is not required go to employment history) |
|  |

**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 |  |