



## WYE SURGERY - APPLICATION FOR EMPLOYMENT

Private and Confidential

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Position applied for:

Part Time Dispenser – 3 days a week

How did you find out about the vacancy?

### APPLICANT'S DETAILS

Title	Dr/Mr / Mrs / Miss / Ms / Other .....
Forenames	
Surname	
Previous surnames	
Full private address	
Postcode	
Daytime phone no <i>May we contact you at work?</i>	Yes / No
Home phone no	
Mobile phone no	
Email address	
Nursing and Midwifery Council Number (if applicable)	
GMC No (if applicable) <i>Has the GMC or NMC placed any restrictions on you?</i>	Yes / No
Medical Defence Union Name and Number & Co <i>(if applicable)</i>	
Work Permit Details <i>(if applicable)</i>	
What salary are you seeking?	
When would you be available to start work?	
Do you have a clean current driving licence?	

## EDUCATION/TRAINING

Schools attended after the age of 11	
Details and results of examinations taken	

Further Education (university/college/evening classes etc)	
Qualifications attained	

## CURRENT OR MOST RECENT EMPLOYMENT

Employer name	
Employer address + postcode	
Dates employed	Start date End date
Salary / rate of pay	
Job Title	
Duties/Responsibilities	
Reason for leaving	

### PREVIOUS EMPLOYMENT

Dates		Employer		Job Title	Duties	Reason for leaving
From	To	Name	Address			

### MORE ABOUT YOU

Please tell us more about your skills, experience and achievements - especially those that are

What are your spare time interests and hobbies?

## REFERENCES

Please give details of two previous employers, one of which should be your current employer, whom we may approach for references. Your references will not be taken up unless you have been offered the position. (If necessary, one may be from an educational establishment.)

1 <sup>st</sup> Referee		2 <sup>nd</sup> Referee	
Name		Name	
Address		Address	
Telephone		Telephone	
Occupation		Occupation	

## YOUR HEALTH

Please tell us of any special provisions/adjustments that would need to be made in an interview environment?

## CONVICTIONS

**This employment is exempt from the provision of the Rehabilitation of Offenders Act 1974. You are therefore not entitled to withhold information requested by the Practice, about any previous convictions you may have, even if in other circumstances these would be regarded as 'spent' under the Act. Please note that the concealment of such information would result in dismissal.**

**If you can answer YES to any of the following 4 questions, please give details:**

1. Have you ever been convicted of a criminal offence, been bound over or accepted a caution?

*If YES, give details ...*

2. Are you the subject of any police investigations, which may lead to a conviction, an order binding you over or a caution in the UK or any other country?

*If YES, give details ...*

3. Are you or have you ever been the subject of any fitness to practice proceedings by an appropriate licensing or regulatory body in the UK or other country?

*If YES, give details ...*

4. Are you or have you ever been the subject of any investigation by the National Health Counter Fraud Service in relation to a fraud?

*If YES, give details ...*

### NEXT OF KIN

Name	
Relationship to you	
Address	
Postcode	
Phone	Work Home Mobile

### YOUR EXISTING HOLIDAY PLANS

Do you have any holidays booked this year?

NO / YES

*If YES please give the dates you will be away.*

### DECLARATION

I confirm that the information I have given in this form is, to the best of my knowledge and belief, true and correct.

Signature of applicant

Date



**Data Protection Act:** Personal data on this form will be kept and processed for a period of 6 months for all candidates. Access to this data will be restricted to people involved in the selection process.

### RETURN YOUR COMPLETED APPLICATION TO:

Michelle Perry, Assistant Practice Manager, Wye Surgery, Oxenturn Road, Ashford, Kent, TN25 5AY.