**Overton Park Surgery**

**EMPLOYMENT APPLICATION FORM**

This form may not allow sufficient space for provision of the information requested, or other information you feel would be relevant to the application. If this is the case, please include additional sheets.

|  |  |
| --- | --- |
| **Post applied for: RECEPTIONIST (24 HOURS)**  **SHIFT PATTERNS AS PER ADVERT** | |
| **Surname:**  **First Name(s):** |  |
| **Address:** | |
|  | |
|  | |
|  | |
| **Postcode:** | |
| **Telephone Landline:**  **Numbers**  **Mobile:** | |
| **E-mail address:** | |
| **Are you legally eligible for employment in the UK? Yes / No**  (delete as applicable)  **Do you require a work permit to work in the UK? Yes / No**  (delete as applicable)  *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.* | |
| **Have you any criminal convictions, which you should disclose? Yes / No**  (delete as applicable)  **If yes please give dates and details.** | |

**CURRENT (OR MOST RECENT) EMPLOYMENT OR WORK EXPERIENCE**

|  |  |
| --- | --- |
| Title of Post | |
| Name and Address of Employer | |
| Nature of Business | Date of Appointment |
| Salary and Grade/Scale | Period of Notice / Contract End Date |
| Summary of Duties & Responsibilities | |

**Previous employment:**

Please provide details of your previous work experience starting with the most recent. This can include any unpaid or voluntary work you have undertaken. (Please continue on a separate sheet if necessary, and enclose your CV if you have one.)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employer and type of business | From | To | Position held / outline of duties /  reason for leaving |
|  |  |  |  |

**EDUCATION AND QUALIFICATIONS** (most recent first). Include details of any qualifications for which you are currently studying or training courses relevant to this application. Note we will require documentary evidence of your qualifications should you be offered a post at the practice.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Schools, Colleges Universities or other training organisations | From\* | To\* | Programme of study/ examinations taken (with levels and grades) | |
|  |  |  |  | |
| Have you been involved in any disciplinary action with **any** previous employer (including any outstanding hearings). If yes please provide brief details. | | | |
| Please confirm your record for attending work as follows:  Occasions when leave has been taken other than planned annual leave in the last 2 years.  Number of days  Number of occasions | | | |

**INFORMATION IN SUPPORT OF THIS APPLICATION**

|  |
| --- |
| After reading the job description, please say why you are applying for this job and highlight any relevant knowledge, experience, interests or skills. Please include any skills or experience that you have gained through voluntary work, unpaid work or community activities or through domestic or family experience.  Please continue on an additional sheet if necessary |

**APPLICANTS WHO ARE PATIENTS OF OVERTON PARK SURGERY**

Overton Park Surgery considers that employing staff who are patients of the practice has significant disadvantages both to the patient and to the practice. Please note therefore that if your application is successful, you will be required to register elsewhere.

**REFERENCES**

Please give the name, address and telephone number of two people who will provide you with a reference.

**Note character references will not be accepted for this post we require both references to be either your current employer (2 references) or current and previous employer if you have not been in your current post for more than 2 years.**

**One of your references should be your current direct line manager.**

|  |  |  |
| --- | --- | --- |
| Name | Name | |
| Job Title (if applicable) | Job Title (if applicable) | |
| Address | Address | |
| Postcode | Postcode |
| Telephone | Telephone | |
| NHS email address: | NHS email address: | |
| How does this person know you? | How does this person know you? | |
| If required, may we take up reference before interview? Yes / No (delete as applicable) | If required, may we take up reference before interview? Yes / No (delete as applicable) | |

**APPLICANT’S DECLARATION**

I hereby give my consent, in connection with this application, for all previous employers, educational institutions and references to be contacted to obtain and verify the accuracy of information provided by me in support of this application.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of the application or immediate termination of employment, whenever it may be discovered.

I understand that Overton Park Surgeryis permitted to hold personal information about me as identified on this application form as part of its recruitment procedures and personnel records.

I confirm that I would be able to work the shift pattern of morning and afternoon surgeries as laid out in the advert for the post.

**Note: Overton Park** Surgeryis an equal opportunities employer and does not unlawfully discriminate in employment. No information provided by the applicant will be used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by law.

|  |  |
| --- | --- |
| **Applicant’s signature:** | **Date:** |

|  |  |
| --- | --- |
| FOR OFFICE USE ONLY | |
| Date application received: | Interview: Yes / No |
| Shortlist Yes / No | Notes on references: |

**Please email completed application form to** [**overton.opsdirect@nhs.net**](mailto:overton.opsdirect@nhs.net)