

# The Clifton Medical Centre

## JOB APPLICATION FORM

**Title of post applied for:** \_\_\_\_\_

Thank you for your interest in job opportunities with **The Clifton Medical Centre**. Please complete ALL sections of the application form in black in. Any information provided will be treated in the strictest confidence.

### PERSONAL DETAILS

|  |   |  |  |
|--|---|--|--|
| Surname:   |   | First Name(s):   |  |
| Address:   |   |  |  |
|  |   | Post Code:   |  |
| Length of time at this address:                    |   |  |  |
| Home Telephone Number:                             | Mobile Telephone Number:  |  |  |
| e-mail address:                                    | National Insurance Number:  |  |  |
| Nationality:                                       | If you are not a British passport holder or a European Citizen, or you do not have the permanent right to remain in the UK, you will require a work permit. |  |  |
| Do you need a work permit to be employed in the UK | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | If you already have a work permit, when does it expire? (Please note that your current work permit may not be valid for this post) |  |

|                              |   |
|------------------------------|---|
| Preferred work arrangements: | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
|------------------------------|---|

|  |        |               |         |
|--|--------|---------------|---------|
| Full Driving Licence:  | YES/NO | Endorsements: | *YES/NO |
| If <b>YES</b> , please give further details including dates:   |        |               |         |
| Are you involved in any activity which might limit your availability to work or your working hours e.g., local government? |        |               | YES/NO  |
| If <b>YES</b> , please give full details.  |        |               |         |
| Are you subject to any restrictions or covenants which might restrict your working activities?                             |        |               | YES/NO  |
| If <b>YES</b> , please give full details   |        |               |         |
| Have you ever worked for this Practice before?   |        |               | YES/NO  |
| If <b>YES</b> , please give full details   |        |               |         |
| Have you applied for employment with this Practice before?   |        |               | YES/NO  |

### EDUCATION & TRAINING

| Schools attended | From | To | Examinations passed – Subject/Grades |
|------------------|------|----|--------------------------------------|
|                  |      |    |                                      |

| University/College                     | From | To | Examinations passed – Subject/Grades |
|--|------|----|--------------------------------------|
|  |      |    |                                      |
| Relevant NVQ's Obtained                | From | To | Subject/Grades                       |
|  |      |    |                                      |
| Other relevant qualifications obtained | From | To | Subject/Grades                       |
|  |      |    |                                      |

## FULL EMPLOYMENT HISTORY

### Current or Most Recent Employer

|  |       |            |
|--|-------|------------|
| Are you currently employed?                                |       | YES/NO     |
| Name of present or last employer:                          |       |            |
| Address:   |       |            |
|  |       | Post Code: |
| Telephone No:  |       |            |
| Nature of business:  |       |            |
| Position and outline a brief description of your duties:   |       |            |
|  |       |            |
|  |       |            |
|  |       |            |
|  |       |            |
|  |       |            |
| Reason for Leaving or wishing to leave:                    |       |            |
| Period of notice required to terminate present employment: |       |            |
| Length of Service:   | From: | To:        |

## EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

| Name and address of employer | From/To Dates | Position held/Main duties | Reason for leaving |
|------------------------------|---------------|---------------------------|--------------------|
|                              |               |                           |                    |
|                              |               |                           |                    |
|                              |               |                           |                    |
|                              |               |                           |                    |
|                              |               |                           |                    |
|                              |               |                           |                    |
|                              |               |                           |                    |

## ABOUT YOU:

|   |  |
|---|--|
| Why would you like to work for the Practice?        |  |
| How can you make a positive difference to the team? |  |
| What will our team like about you?                  |  |

**FURTHER INFORMATION:**

|   |                                  |           |
|---|----------------------------------|-----------|
| Are you facing any criminal prosecution?  | <b>Yes</b> – please give details | <b>No</b> |
| Do you have any convictions, cautions, reprimands or final warnings that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?   | <b>Yes</b> – please give details | <b>No</b> |
| <b>Disclosure &amp; Barring Service (DBS) Disclosure Certificate &amp; Registration</b>   |                                  |           |
| <p>Any position which requires, as part of normal duties, caring for, training, supervising or being in sole charge of children or vulnerable adults will require Disclosure &amp; Barring (DBS) checks to be undertaken, including provision of a suitable Disclosure Certificate and Disclosure and Barring (DBS) Registration</p> <p>The Protection of Children Act, the Protection of Vulnerable Adults Act and the Safeguarding Vulnerable Groups Act, as amended, will apply in this case.</p> <p>The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found at the Disclosure and Barring Service website.</p> <p>Please confirm your acceptance of this by signing below</p> <p>For the purpose of this post you are required to undertake a DBS check, therefore you must sign below.</p> <p>Signed: .....</p> <p>Date: .....</p> |                                  |           |
| Have you ever been or are you currently going through any investigation or disciplinary action?   | <b>Yes</b> – please give details | <b>No</b> |
| Are you currently able to conduct the job you are applying for?   | <b>Yes</b> – please give details | <b>No</b> |

**ADDITIONAL INFORMATION**

|  |
|--|
|  |
|  |
|  |
|  |
|  |

## REFERENCES

Please give the names and addresses of two referees, one of whom should be **your current or most recent employer** and the other **previous employer**. Please **do not** give the name of a relative or friend as a referee. If you are known to your referee by a former name, please supply the name by which you were known.

|  |                 |
|--|-----------------|
| Can we approach your current employer before an offer of employment is made? | <b>YES / NO</b> |
|--|-----------------|

### 1<sup>st</sup> Referee

|                   |
|-------------------|
| Name:             |
| Position:         |
| Address:          |
| Post Code:        |
| Telephone Number: |

### 2<sup>nd</sup> Referee:

|                   |
|-------------------|
| Name:             |
| Position:         |
| Address:          |
| Post Code:        |
| Telephone Number: |

|                                   |
|-----------------------------------|
| How did you hear of this vacancy? |
|-----------------------------------|

## DECLARATION

I confirm that the information provided on this application form is true and complete, and that I am legally entitled to work in the UK.

I understand that any false statements or deliberate misrepresentations will be regarded as grounds for termination of my employment.

I understand that any offer of employment is subject to satisfactory references and DBS checks, and I authorise the Practice to obtain references to support this application once an offer has been made and accepted.

If my application for employment is successful, I agree to undergo a medical examination if this is required to ensure my suitability to carry out my duties and for provision of medical information as part of an occupational health scheme. I have given by explicit consent freely.

I understand that any information given in relation to my application will be held by the Practice and falls within the provisions of the Data Protection Act 1998. I also give my consent for my personal information being retained and used to process my application for employment.

|            |       |
|------------|-------|
| Signature: | Date: |
| Name:      |       |

Please return this job application form to **The Clifton Medical Practice, Clifton Cornerstone, Southchurch Drive, Clifton, Nottingham, NG11 8EW.**

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In accordance with its policy on equal opportunities in employment, the Practice will provide equal opportunities to any employee or job applicant and will not discriminate either directly or indirectly because of race, sex, sexual orientation, transgender status, religion or belief, marital or civil partnership status, age, disability, or pregnancy and maternity.

In order to assess how successful this policy is we have set up a system of monitoring all job applications. We would therefore be grateful if you would complete the questions on this form. We have asked for your name to enable us to monitor applications at shortlisting and appointment as well as application stage.

All information will be treated in confidence and will not be seen by staff directly involved in the appointment. The questionnaire will be detached from your application form, stored separately and used only to provide statistics for monitoring purposes. Thank you for your assistance.

|   |                          |
|---|--------------------------|
| <b>Post title:</b>                            |                          |
| <b>Location:</b>                              | CLIFTON MEDICAL PRACTICE |
| <b>Full name:</b>                             |                          |
| <b>1. Gender: MALE / FEMALE / TRANSGENDER</b> |                          |
| <b>2. Age</b>                                 |                          |
| <b>3. Marital status</b>                      |                          |
| Married (opposite sex)                        |                          |
| Married (same sex)                            |                          |
| Civil partner                                 |                          |
| Single  |                          |
| Other   |                          |
| <b>4. What is your sexual orientation?</b>    |                          |
| Bisexual                                      |                          |
| Gay man                                       |                          |
| Gay woman/lesbian                             |                          |
| Heterosexual/straight                         |                          |
| Other   |                          |
| Prefer not to say                             |                          |

**5. Do you have any disabilities?**

YES/NO

**6. Ethnic origin**

(Relates to a sense of identity/belonging on the basis of race/culture.)

I would describe myself as (choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background):

**A White:**

British

English

Scottish

Welsh

Irish

Other, please specify:

**B Mixed:**

White and Black Caribbean

White and Black African

White and Asian

Other, please specify:

**C Asian, Asian British, Asian English, Asian Scottish or Asian Welsh:**

Indian

Pakistani

Bangladeshi

Other, please specify:

**D Black, Black British, Black English, Black Scottish, or Black Welsh:**

Caribbean

African



|   |  |              |
|---|--|--------------|
| Other, please specify:  |  |              |
| <b>E Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh, or other ethnic group:</b>   |  |              |
| Chinese   |  |              |
| Other, please specify:  |  |              |
| <b>7. Where did you see this post advertised?</b>   |  |              |
| <p>Data protection: Information from this application may be processed for purposes registered by the employer under the Data Protection Act 1998. Individuals have, on written request [and on payment of a fee] the right of access to personal data held about them.</p> <p>I hereby give my consent to [name of Employer] processing the data supplied in this form for the purpose of recruitment and selection.</p> |  |              |
| <b>Applicant's signature:</b>   |  | <b>Date:</b> |

**FOR PRACTICE OFFICE USE ONLY**

**NAME OF APPLICANT:**

**POSITION APPLIED FOR:**

**Rejection letter – Yes : No**

**If yes – date sent:**

**Reasons for rejection / acceptance for 1<sup>st</sup> interview:**

**1<sup>st</sup> interview date:**

**Rejection letter / 2<sup>nd</sup> Interview**

**Notes on 1<sup>st</sup> interview:**

**2<sup>nd</sup> interview date:**

**Offer Letter / Rejection Letter**

**Notes on 2<sup>nd</sup> interview:**

**Acceptance Received**

**YES / NO**

**Date Received:**

|  |                                   |  |   |                                  |
|--|-----------------------------------|--|---|----------------------------------|
| <b>Proof of Eligibility of UK Employment</b> | <u>Document(s) Used as Proof:</u> |  | <u>Satisfactory</u><br>:<br>YES / NO                      | <u>Date Copied:</u>              |
| <b>Proof of Identity Received</b>            | <u>Date:</u>                      | <u>Document(s) Used as Proof:</u>      |   |                                  |
| <b>Photograph Received</b>                   | YES / NO                          | <u>Date:</u>                           |   | <u>Satisfactory:</u><br>YES / NO |
| <b>References Required</b>                   | YES / NO                          | <u>References Received</u>             | <u>Date:</u>  | <u>Satisfactory:</u><br>YES / NO |
| <b>Medical Report Required</b>               | YES / NO                          | <u>If YES – Date Consent received:</u> |   | <u>Satisfactory:</u><br>YES / NO |
| <b>Proof of Registration Required</b>        | YES / NO                          | <u>If YES – Date Consent received:</u> |   |                                  |
|  | <u>Date Requested:</u>            | <u>Date Received:</u>                  | <u>Satisfactory:</u><br>YES / NO                          |                                  |
| <b>Proof of Licence Required</b>             | YES / NO                          | <u>If YES – Date Consent received:</u> |   |                                  |
|  | <u>Date Requested:</u>            | <u>Date Received:</u>                  | <u>Satisfactory:</u><br>YES / NO                          |                                  |
| <b>Proof of Qualifications Required</b>      | YES / NO                          | <u>If YES – Date Consent received:</u> |   |                                  |
|  | <u>Date Requested:</u>            | <u>Date Received:</u>                  | <u>Satisfactory:</u><br>YES / NO                          |                                  |
| <b>DBS Clearance Required</b>                | Yes                               | No                                     | IF “YES”, confirm receipt of Suitable Disclosure Document | <u>Date Received:</u>            |
| <b>DBS Registration Required</b>             | Yes                               | No                                     | If “YES” is the Employee Registered?                      | YES      NO                      |
| <b>Start Date</b>                            |                                   |  |   |                                  |