

Summerhill Surgery

Application for Employment

Please complete using black ink in your own handwriting. If you are unable to complete the form in your own handwriting, or you have other difficulties in making an application in this way please ask for assistance.

Job Applied for:

Nurse Practitioner

Closing Date:

Friday 19th February 2010

Title and Last Name/Family Name:

First Name:

SOME GUIDELINES TO HELP YOU

Our staff play a vital role in providing excellent services to our patients. To help achieve this we will train you to do your job and encourage you to look for every opportunity to use your skills and abilities. This is your opportunity to tell us as much as possible about yourself and will help us make a fair decision in the selection process.

Please ensure that you complete **ALL** sections. Your application will be treated in the strictest confidence.

General Information About You

Home Address

Address for communications (if different)

Telephone No Home:

Where did you see
the post advertised?

Mobile No:

Email Address:

If you are successful, when could you start this job?

Employment

Present or most recent employment details.

Name and Address of Employer:

Job Title:

Salary:

Date started:

Date of leaving:
(if applicable)

Main duties and responsibilities:

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Qualifications Achieved from Secondary, Higher and/or Further Education

School/College/University attended	Qualifications (include GCSE/O levels, A levels or equivalent, NVQ's, work based courses and any further education)	Grade & Year* taken (if any) * optional

Previous Employment:

You must explain any gaps in your job history. Please use a separate page if necessary. **Please give details of all employment. Please give reasons for leaving.**

Name and full address of Employer	Date	Job Held

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Membership of Professional Organisations and Institutions

Name	Date* achieved	Membership status	By examination (Yes/No)

*** Optional
Other Skills and Interests – including languages (spoken/written), computers, etc.**

(Please include details of any public duties, community or voluntary work experience)

Your Health

Do you have a medical condition, which may affect your suitability for this post? Yes No

Please note that Summerhill Surgery operates a no-smoking policy.

If no, please provide details.

Give details of any periods of ill-health you have suffered within the last two years.

National Insurance Number

(You can obtain this information from the Department of Social Security)

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If appointed, you will be required to produce documentary evidence of your National Insurance number before you take up the post. If you do not have this, you will be asked for alternative documentation to show that you are allowed to work in the UK.

APPLICANTS WHO ARE PATIENTS OF SUMMERHILL SURGERY - Summerhill 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.

Referees

Please give details of two people to whom you are not related and to whom a request for a reference can be made; one must be your current employer. If not, a referee should be a person who can make a statement with regard to your character, e.g. a school or college teacher, or if you are currently unemployed, your most recent employer.

Reference 1

Name:

Job Title

Address:

Post Code:

Tel. No:

How does
this person
know you?

Reference 2

Name:

Job Title

Address:

Post Code:

Tel. No:

How does
this person
know you?

May we contact prior to interview?

Yes No

May we contact prior to interview?

Yes No

Criminal Offences

Please note that the Practice is exempt from the Rehabilitation of Offenders Act 1974 and you are therefore required to disclose all convictions to the practice, whether or not those convictions are spent.

Details of any relevant cautions or convictions including dates:

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Reason for Application

Explain why you would be a good applicant for the post, including any experience you have gained, skills you have to offer and personal qualities. This may include work and voluntary/domestic activities (e.g. school committees, charity work). Please relate your comments to the job description/core competencies and advertisement. Please use a continuation sheet if you require.

I understand that any employment, if offered, will be subject to the information on this form being correct and I can confirm that no valid information has been wilfully withheld. I understand that if I am appointed, I am liable to dismissal without notice if the information on this form is later proved to be inaccurate.

If you are returning this application form by post, please sign and date. If returning by email you will be asked to sign a copy of this document before any offer of employment is made.

I hereby give my consent for Summerhill Surgery to keep on file information (including health and equalities data) from this form and any attached documents. This is required for recruitment and equal opportunities monitoring purposes, the payment of staff and the prevention and detection of fraud. All information will be dealt with in accordance with data protection legislation.

Signed: Date:

EQUAL OPPORTUNITIES MONITORING FORM

Date of Birth (optional):

Summerhill Surgery is committed to developing and implementing its Equal Opportunities policy. We recognise that discrimination occurs in employment (on the basis of race, gender, age, sexual orientation and disability) and seek to ensure recruitment and selection is carried out fairly. In order to identify possible discrimination, we monitor applications for jobs. You are asked to assist us by completing the following information.

I would describe myself as (please tick one of the boxes below)	
ETHNIC GROUP	
White	<input type="checkbox"/>
British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Any other White background (please specify)	
Mixed	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other mixed background (please specify)	
Asian or Asian British	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Any other Asian background (please specify)	
Black or Black British	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Any other Black background (please specify)	
Chinese or other Ethnic Group	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other ethnic background (please specify)	
Female <input type="checkbox"/>	Male <input type="checkbox"/>

NOTE: This section is removed before shortlisting and destroyed after monitoring, and will be treated in the strictest confidence.

DISABILITY STATEMENT

Summerhill Surgery aims to be a fair employer and is committed to equality of opportunity for disabled people. Applications from disabled people are welcome. All disabled applicants who meet the essential criteria will be guaranteed an interview. At interview, we have a policy of providing appropriate access and equipment to ensure that disabled people are considered on an equal basis. If you would like any further assistance or advice about this application we will try to help.

In order to help us fulfil our aims, please answer the following questions:

1. Do you consider yourself to be disabled?

Please tick box

Yes

No

If yes, do you consider yourself to be disabled under the terms of the Disability Discrimination Act?

The Disability Discrimination Act 1995 defines disability as “a physical or mental impairment which has a substantial and long-term adverse affect on an individual’s ability to carry out normal day-to-day activities.”

Please tick box

Yes

No

2. Is there anything you would particularly like to tell us about your disability?

3. If you wish us to arrange for any of the following to be available, if you are called for an interview, please tick.

induction loop or other hearing enhancement

sign language interpreter (please state type)

Keyboard for written tests

someone with you at the interview (e.g. advocate or facilitator)

Assistance in and out of vehicle

accessible car parking

Wheelchair access

accessible toilet

Other assistance (please specify)

This section will be used support the recruitment and interview process. It will be treated as confidential. Thank you for providing this information. Please return this form with your application form.