



THE ADAM PRACTICE

## APPLICATION FORM

| Application for the post of:  |                                       |   |
|---|---------------------------------------|---|
| Location/Surgery:   |                                       | Date of Application:  |
| <b>Personal Information:</b>  |                                       |   |
| Title:  |                                       | Surname:  |
| Other Name(s):  |                                       | Previous Surnames:  |
| Address:  |                                       | Telephone Numbers<br>Home:<br>Mobile:<br>E-mail address:  |
| <b>General Education/Professional Qualifications:</b>                   |                                       |   |
| Where Qualification Gained<br>(continue on separate sheet if necessary) | Dates attended                        | Qualifications gained<br>Include GCSE/O levels, A levels or equivalent, NVQ's,<br>work based courses and any further education.<br><b>NB – clinical staff to list all relevant courses attended</b> |
|   |                                       |   |
| <b>Employment History:</b>  |                                       |   |
| Name & Address of current/previous employers (in last 10 years):        | Post Held & dates employed to & from: | Reason for Leaving\Salary:  |
|   |                                       |   |



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Details of Main duties and responsibilities in most recent role:

### Personal Statement:

Please tell us why you have applied for this post giving examples of why you would be suitable for the role. Please include any relevant experience, skills and knowledge you have to offer and personal qualities. This may include work related or outside interests. (Please continue on a separate sheet or attach your CV).



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| Membership of Professional Organisations and Institutions:  |                |                           |
|---|----------------|---------------------------|
| Name/status:  | Date Achieved: | By Examination? (Yes/No): |
| If successful, when would you be able to commence employment with us?   |                |                           |
| Do you need a work permit to work in the UK?  | Yes / No       |                           |
| Do you hold a current driving licence?  | Yes / No       | Full / Provisional        |
| Do you own your own car?  | Yes / No       |                           |
| If you have a disability please tell us about any adjustments we may need to make to assist you at interview:   |                |                           |
| <b>Declaration of Criminal Convictions (subject to Rehabilitation of Offenders Act 1974)</b>  |                |                           |
| <i>Candidates should be aware that the role is an exception to the Rehabilitation of Offenders Act 1974, in that details of any criminal convictions, both spent and unspent, cautions, reprimands, and final warnings, and any other information that may have a bearing on your suitability for the post must be declared as part of this application procedure. Only relevant convictions will be taken into account in assessing your suitability for this post. <b>Please note that an Enhanced Disclosure and Barring Service check may be undertaken prior to any offer of employment.</b></i> |                |                           |
| Have you ever been convicted of a criminal offence?   | Yes / No       |                           |
| If you are currently bound over by or have any unspent convictions by the courts, cautions, reprimanded or been given a final warning by the Police, please give details of the offences including dates and penalties imposed:   |                |                           |
| <b>References:</b>  |                |                           |
| Please provide two employer references, one of which must be your most recent employer. If you do not have 2 employer referees, one may be a personal referee. No approach will be made to your current employer before an offer of employment is made to you   |                |                           |
| <b>Referee 1</b>  |                |                           |
| Name:   |                |                           |
| Address:  |                |                           |
| Telephone Number:   |                |                           |
| Email Address:  |                |                           |
| Type of Referee: Employer/Personal  |                |                           |
| May we contact prior to interview? Yes/No   |                |                           |



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### **Referee 2**

Name:

Address:

Telephone Number:

Email Address:

Type of Referee: Employer/Personal

May we contact prior to interview? Yes/No

Where did you see this post advertised:

### **Declaration:**

I understand that any employment, if offered, will be subject to the information on this form being correct. 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.

I hereby give my consent for The Adam Practice to keep on file information from this form and any attached documents as part of our recruitment process. All information will be dealt with in accordance with general data protection regulations (2018). Please see job applicant privacy notice for full details.

**Signed:**..... **Date:**.....

If you are appointed you will be asked to prove your identity and proof of address. Should you require a work permit you will also be asked to produce the original as proof of eligibility to work in the UK. Nursing staff will be asked to produce a copy of current NMC Registration (PIN number) together with a copy of vaccinations history. If you accept a post and are a patient of The Adam Practice you will be required to register at an alternative surgery.

**Please email your completed application form to: [laura.evans@dorset.nhs.uk](mailto:laura.evans@dorset.nhs.uk)**

Alternatively, please post to Mrs Laura Evans, The Adam Practice, Management Office, 306 Blandford Road, Hamworthy, Poole, Dorset, BH15 4JQ