

Private and Confidential

Application for Employment

The Humbleyard Practice

The Humbleyard Practice is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application will be used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by law.

INSTRUCTIONS

- Please complete all sections of the Application Form.
- Please write in black ink so that the form can be photocopied.
- Please sign and date the Application Form.

Post for which you are applying:

Closing date: **19th August 2022**

PERSONAL DETAILS (Block Capitals)

Surname: Mr/Mrs/Miss/Ms		First Names:	
Address:			
Post Code:	Telephone No:	Date of Birth:	
Nationality:		National Insurance Number:	
Do you hold a full Driving Licence?	YES / NO	Do you have use of a car?	YES / NO
Are there any medical factors that may affect your ability to fulfil the full duties of the post? If yes, please give details:			YES / NO
Are you or any member of your family registered with the Humbleyard Practice?			YES / NO
If yes, please give details:			
Are you related to any member of staff employed with the Humbleyard Practice?			YES / NO
If yes, please give details:			
Please give details of any holiday arrangements made for the forthcoming year:			

CURRENT OR MOST RECENT EMPLOYER

Name of Employer:	
Address of Employer:	
Post Code:	
Job Title:	Current or last salary:
Brief description of duties:	
Length of time in post:	Notice required by current employer:
Reason for Leaving:	

EMPLOYMENT HISTORY (please list all employment since leaving full time education starting with the most recent)

Name and address of previous employer	From	To	Appointment held and brief summary of duties and salary	Reason for leaving

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BREAKS IN EMPLOYMENT HISTORY (if you have had any breaks in employment since leaving full-time education please give the dates and reasons below)

Dates from/to:	Reason for break:

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EDUCATION AND TRAINING

Secondary School/College/University	From	To	Course/qualification taken or currently studying	Exam result and grade

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MEMBERSHIP OR REGISTRATION WITH A PROFESSIONAL ORGANISATION

Name of professional organisation	Level or type of membership	Registration number

OTHER RELEVANT TRAINING COURSES/PERSONAL DEVELOPMENT

Date	Organising body	Brief description of course content

SUPPORTING INFORMATION

It is important that you provide evidence in this section of how you meet the requirements that are set out in the job description. It is this information that will help us decide if you should be shortlisted for interview.

Tell us about things you have been responsible for or involved in and what you have achieved. You can include paid or unpaid work or other activities you have undertaken in your personal life, which you may feel relevant to your application. Also, tell us why you feel you are suited to this post along with any other information you would like to provide us with.

REFERENCES

Please supply the details of two referees. Ideally, the first should be your current or last employer, otherwise, a school teacher/tutor business associate or leader/organiser of a voluntary organisation. Please do not include friends or relatives.

Name:

Address:

Post Code:

Telephone number:

May we contact prior to interview YES/NO

Name:

Address:

Post Code:

Telephone number:

May we contact prior to interview YES/NO

DISCLOSURE OF CRIMINAL CONVICTIONS AND REHABILITATION OF OFFENDERS ACT 1974

The appointment of any member of staff who may have contact with, or access to children or vulnerable adults will be subject to the receipt of a satisfactory disclosure from the Criminal Records Bureau.

Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974 (Exception) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act.

In the event of employment, any failure to disclose relevant convictions could result in dismissal or disciplinary action by the Practice. Any information given will be treated on a completely confidential basis

I have nothing to declare

I have information to declare and I have attached a separate sealed envelope containing details

Signature.....Date.....

ARRANGEMENTS FOR PEOPLE WITH DISABILITIES

We will make reasonable adjustments to the recruitment and selection process (and to the job for successful candidates) if you let us know what your requirements are.

Do you have a disability? YES / NO

If you do consider yourself disabled, are there any special facilities we can provide to help you attend or participate in an interview, or to perform this job? YES /NO

If yes please give details:

DECLARATION

I declare that the information provided is true and complete and understand that if it is subsequently discovered that any statement is false or misleading, I may be dismissed from my employment. I am prepared to undergo a medical examination if requested.

Signature.....Date.....

NOTES TO APPLICANTS.

1. A shortlist of candidates will be drawn up on the closing date stated on the front of this form. If you have not received notification by **26th August 2022**, it will signify that you have been unsuccessful in your application. The Humbleyard Practice would like to thank you for your interest in applying for this post.

2. **This form should be returned marked private and confidential to:**

**Hilary Taylor
Mulbarton Surgery
The Humbleyard Practice
The Common
Mulbarton
Norfolk, NR14 8AE**

or returned completed via e-mail to: hilary.taylor5@nhs.net