



THREE CHEQUERS MEDICAL PRACTICE JOB APPLICATION FORM

The information you provide to us will be used for the purposes of considering your application and assessing your suitability for the job only and will be processed by us in accordance with the Data Protection Act 1998.

PERSONAL DETAILS

Surname	Title
First Name	Preferred Name
Address	
Postcode	
Telephone Home	Mobile
Email	
National Insurance Number	
Do you have legal status to work in UK? YES / NO	Do you require a work permit to work in the UK? YES / NO
We are obliged by law to check your identity and that you are permitted to work in the UK. You will be required to provide us with the necessary evidence (original documents) before you can start work.	
Which position are you interested in?	Are you looking for a FULLTIME or PART TIME position?
Do you hold a relevant current driving licence? Yes / No	When are you available to start work?
Do you have access to a car Yes / No	Please give details of any driving offenses currently under endorsement:
Do you have any unspent criminal convictions (in accordance with the Rehabilitation Act 1974) Yes/ No	If yes, please provide details as some posts within the organisation are not protected by the Rehabilitation Act 1974

EMPLOYMENT HISTORY

Please list your most recent employer first – and complete this even if you are attaching your CV. If there are any breaks from employment, please explain them. If you need to detail any other relevant work experience, attach it as a separate sheet.

If we offer you a position we will contact your previous employers for a reference and your employment will be conditional upon the receipt of satisfactory references. If your references are not satisfactory, the offer of employment may be withdrawn.

Company Name	Manager's Name
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Address

Telephone

Employed from	to	Salary
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Job title

Duties

Reasons for leaving

Company Name	Manager's Name
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Address

Telephone

Employed from	to	Salary
---------------	----	--------

Job title

Duties

Reasons for leaving

Company Name	Manager's Name
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Address

Telephone

Employed from	to	Salary
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Job title

Duties

Reasons for leaving

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EDUCATIONAL HISTORY

Name and Address of School/Institution	Dates attended	Qualifications

Any other relevant studies, qualifications or life experiences?

What relevant skills and experience do you have that would contribute to the success of Three Chequers Medical Practice?

How do you spend your time outside of work?

ADDITIONAL INFORMATION

Do you have any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974 that we need to know about? If none please state. We may require you to provide us with a Criminal Records Bureau standard disclosure document to verify the information stated on this application form.

Please let us know if there are any reasonable adjustments that we should make in order to facilitate any disability and enable you to attend an interview, or any information about such a disability that you would like us to take into account when considering your application.

PLEASE READ THIS PART CAREFULLY

Should your application be successful and you are short listed for a position, you will be asked to provide information relating to your health or a medical questionnaire.

We may seek to verify the information provided to us in this application form.

To the best of my knowledge the information on this application is complete and correct. I understand that falsifying information may disqualify me from being considered for employment by [employer's name] and, if I am employed by [employer's name], may be cause for instant dismissal.

Signature

Date