**Job Application Form**

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| **Position applied for** |  Patient Services Adviser |
| Please state how you heard about this vacancy / or where you saw it advertised |  |
| **EMPLOYMENT HISTORY** |
| **Current/most recent position (job title)** |   |
| **Name of current/most recent employer** |   |
| **Dates of employment with current/most recent employer** | **From To** |
| **Main Duties and responsibilities** |   |
| **Salary and benefits** |   |
| **Reason for leaving** |  |
| **PREVIOUS POSTS (please start with most recent first)** |
| **Job title** | **Employer** | **Dates (from-to)** | **Salary/benefits** |
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| **EDUCATION/TRAINING** |
| Secondary education: | Qualifications/grade |
|  Further/higher education  | Qualification/grade |
| Other relevant training, professional qualifications or work-related qualifications |
| Details of any training or course of study that you are currently undertaking   |
| Membership of professional bodies and details of relevant licence to practice |
| **Additional information** Please provide any details you believe are relevant to your application, including why you are interested in this position (you may use additional pages if necessary). |
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| **Personal / other details (detachable from main application form)** |
| **Surname** |  |
| **Forenames** |  |
| **Current address** |  |
| **Contact telephone numbers (day/evening)** |  |
| **Contact email**  |  |
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| Are there any restrictions on your right to work in the UK? YES / NOIf yes, please give details of the restrictions and expiry date of any permissions. |
| Do you have a full driving licence? YES / NO   |
| Do you have any current endorsements? YES / NO |
| Do you have use of a car? YES / NO |
| What is the notice period in your present post? |
| Do you have any post-termination restrictions from your current/previous employer that are still in force? YES / NO |
| Do you have any other employment that you plan to continue with? YES / NO |

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| **REFERENCES** Please give details of two referees, one of which must be your current/most recent employer. References will be taken up for all successful candidates.May references be taken up before interview? YES / NO |
| **Name** | **Address** | **Contact telephone** | **Relationship** |
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| **DISABILITIES**  The following information will help us meet our obligations under the Equality Act 2010 |
| **Do you require any special arrangements to be made for your interview on account of a disability? YES / NO**If yes, please give details of the effects of your disability on your day-to-day activities and any other information you believe would be helpful to us in accommodating your needs at interview. If you wish to discuss this, please contact Louise Killick 01548 830666 |
| **CONVICTIONS – Applicant to complete A YES/NO B YES/NO** |
| **A Unspent convictions – applicable to all positions**Please give details of any unspent convictions. Spent convictions do not have to be declared if the job is not one covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.**B Spent convictions – applicable to Dispensary**Please give details of any spent convictions. If the position is exempt from the provisions of the Rehabilitation of Offenders Act 1974, this means that applicants are not entitled to withhold any information requested about previous convictions even if, in other circumstances, they would be regarded as ‘spent’ under the Act.\* |
| **DATA PROTECTION** |
| The handling of your personal data is controlled by the General Data Protection Regulation (GDPR) and associated legislation. GDPR requires us to comply with a number of principles regarding privacy and disclosure when handling personal data (including 'special categories of data'), including ensuring such data are processed, stored and used for limited purposes, and always in accordance with Article 9 of the GDPR. The GDPR includes measures to ensure that information is processed fairly and seeks to protect individuals' rights to confidentiality.This document will be processed in accordance with the GDPR and data protection legislation, further details can be found in the Practice's Data Protection Policy which can be found on Practice Website Individuals have, on written request, the right of access to personal data held about them.I hereby give my consent to Modbury Health Centre processing the data supplied in this Job Application form for recruitment and employment purposes.**Declaration**I declare that the information given in this application is to the best of my knowledge complete and correct.**Employee's signature …………….………………. Date …………………………..**Note: Any false, incomplete or misleading statements may lead to withdrawal of any subsequent job offer or dismissal. |
| **Please return completed form to Louise Killick louise.killick@nhs.net** |