**EMPLOYMENT APPLICATION**

**This form may not provide sufficient space to accommodate the information requested or other information you feel would be relevant to the application. If this is the case, please include additional sheets.**

**PLEASE NOTE ONLY SHORT-LISTED CANDIDATES WILL BE CONTACTED**

**PERSONAL DETAILS:**

|  |
| --- |
| **Post applied for:**  |
| **Where did you see the post advertised?** |
| 1. **Title: (Please circle)**

 **Mr Mrs Miss Ms Other Male/Female: (Please circle)** |
| 1. **Surname:**
 | **First Name(s):** |
| 1. **Address:**
 |
|  **Postcode:** |  |
| 1. **Telephone Nos: Daytime: Evening:**
2. **E-mail address:**
3. **Do you hold a current UK driving licence?**
4. **What would be your method of transport to work?**
 |
| 1. **Are you legally eligible for employment in the UK? Yes / No** (please circle)
2. **Do you require a work permit to work in the UK? Yes / No** (please circle)

*Please note that prior to making an offer of employment we are required, by law, to verify documentary evidence (and maintain copies for our files) relating to a candidate’s eligibility to work in the UK. This applies to all applicants regardless of nationality/origin.* |
| 1. **Have you any criminal convictions, which you should disclose?**

 **Yes / No** (please circle) **If yes, please give dates and details.**  |

**CURRENT (OR MOST RECENT) EMPLOYMENT OR WORK EXPERIENCE**

|  |
| --- |
| **Title of Post** |
| **Name and Address of Employer** |
| **Postcode:** |  |
| **Nature of Business** | **Date of Appointment** |
| **Salary and Grade/Scale** | **Period of Notice / Contract End Date** |
| **Summary of Duties Responsibilities** |

**PREVIOUS EMPLOYMENT** (most recent first - you may include unpaid work)

Please give a brief explanation of any periods of unemployment. You should not leave any unexplained gaps.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer’s Name and Address** | **Title of Post Held** | **Salary and Scale** | **Date****From** | **Date****To** | **Reason for Leaving** |
|  |  |  |  |  |  |

**EDUCATION AND QUALIFICATIONS** (most recent first): Include details of any qualifications for which you are currently studying/expect to attain.

|  |  |  |  |
| --- | --- | --- | --- |
| **Schools, Colleges Universities or other Training Organisations** | **From\*** | **To\*** | **Programme of study/examinations taken (with levels and grades)** |
|  |  |  |  |

\* Inclusion of qualification dates is not compulsory

**PERSONAL INTERESTS/HOBBIES**

|  |
| --- |
|  |

**APPLICANTS WHO ARE PATIENTS OF HAMPSTEAD GROUP PRACTICE**

**Hampstead Group Practice**believes that employing staff who are patients of the Practice has significant disadvantages for both the patient and the Practice. Please note therefore that if your application is successful, you will be required to register elsewhere.

**10) REFERENCES**

Please give the name, address and telephone number of two people who would be willing to give you a reference. If you are currently or have recently been in employment, one of these should be your current or last 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. Referees must not be members of your family or related to you in any way.

|  |  |
| --- | --- |
| **Name** | **Name** |
| **Job Title (if applicable)** | **Job Title (if applicable)** |
| **Address** | **Address** |
| **Postcode** | **Postcode** |
| **Telephone** | **Telephone** |
| **How does this person know you?** | **How does this person know you?** |
| **If required, may we take up reference before interview?**Yes / No (delete as applicable) | **If required, may we take up reference before interview?**Yes / No (delete as applicable) |

**INFORMATION IN SUPPORT OF THIS APPLICATION**

|  |
| --- |
| Please use the space below to explain why you think you would be a good applicant for the postioin, including any experience you have gained, skills you have to offer (for example, IT skills) and personal qualities. This may include work and voluntary/domestic activities (e.g. school committees, charity work). Please refer to the job description and advertisement when completing this section.Please continue on an additional sheet, if necessary. |

**APPLICANT’S DECLARATION**

I hereby give my consent, in connection with this application, for all previous employers, educational institutions and references to be contacted to obtain and verify the accuracy of information provided by me in support of this application.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of the application or immediate termination of employment, whenever it may be discovered.

I understand that Hampstead Group Practiceis permitted to hold personal information about me as identified on this application form as part of its recruitment procedures and personnel records.

**Note:** Hampstead Group Practiceis an equal opportunities employer and does not unlawfully discriminate in employment. No information provided by the applicant will be used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by law.

**Finally, please complete the monitoring information in Appendix 1.**

|  |  |
| --- | --- |
| **Applicant’s signature:** | **Date:** |

**This form should be emailed to hgpjobs@nhs.net**

|  |
| --- |
| FOR OFFICE USE ONLY |
| Date application received: | Interview: Yes / No |
| Shortlist Yes / No | Notes on references: |

**APPENDIX 1** (All information provided will be treated in strictest confidence.)

**DISABILITY & HEALTH MONITORING INFORMATION**

|  |
| --- |
| Do you have any disability or medical conditions which may affect your suitability for this post? Yes / No (please circle)If yes, please give details:If required, would you be willing to undergo a medical examination? **Yes / No** (please circle)Are there any reasonable working adjustments you would need us to make to accommodate your health? Yes / No (please circle)If yes, please give details:Give details of any periods of ill-health you have suffered within the last two years:  |

 **DIVERSITY MONITORING INFORMATION – Optional – You Do Not Have to Complete this Section**

|  |  |
| --- | --- |
| Date of Birth: |  |

**Please tick the box which best describes your cultural & ethic origin**

|  |  |  |
| --- | --- | --- |
| □ White British | □ Black British | □ Indian |
| □ White Irish | □ Black Caribbean | □ Pakistani |
| □ White European | □ Black African | □ Bangladeshi |
|  |  | □ Chinese |
| □ Other white origin: (Please specify) | □ Other black origin: : (Please specify) | □ Other Asian origin: : (Please specify) |