

NEW COURT SURGERY JOB APPLICATION FORM

Please complete this accurately, giving as many details as possible of your skills and experience relating to this job application. Short-listing will be based on the information gathered from the form, read in conjunction with the person specification.

If you received this form by email, please ensure the finished form is printed out, signed, dated and returned by the closing date to **New Court Surgery, 300 Pickersleigh Road, Malvern, Worcestershire WR14 2GP**. We are unable to accept forms returned as email attachments without a signature. Forms received after the closing date will not be considered.

Please either type directly in this form using *Microsoft Word* or print out and complete the form in black ink and **BLOCK CAPITALS**.

GUIDELINES

All applicants will be treated equally.

POSITION APPLIED FOR:

Job title: Practice Nurse

Where did you see this post advertised?

I. APPLICANT'S DETAILS

Title:	Surname:	First name:

Home address:

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POST CODE:

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Telephone numbers: please include full STD code

Home:

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Work :

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Mobile (where possible):

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email address (where possible):

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Do you hold a current driving licence?	Yes/No
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Is there anything concerning your medical history or state of health that is relevant to your application?	Yes/No
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3. EMPLOYMENT RECORD (LAST TEN YEARS)

Please start with your most recent employment. Briefly describe the main duties and responsibilities of your post. If you wish to expand on specific areas of responsibility, please do so in *Section 5: Experience /skills*.

1. Current/most recent employer/organisation

Name:

Address:

Job Title:

From:

To:

Brief description of duties:

Reason for leaving/changing:

2. Employer/organisation

Name:

Address:

Job Title:

From:

To:

Brief description of duties:

Reason for leaving/changing:

3. Employer/organisation

Name:

Address:

Job Title:

From:

To:

Brief description of duties:

Reason for leaving/changing:

4. Employer/organisation

Name:

Address:

Job Title:

From:

To:

Brief description of duties:

Reason for leaving/changing:

4. *EXPERIENCE / SKILLS*

This section is for you to give specific information in support of your application. Please set the information out on a maximum of three sides of A4 paper.

After reading the Job Description and Person Specification carefully, consider to what extent you have gained the skills and experience necessary for the post. Your experience need not have been gained in paid employment and may include special interests relevant to the post. It is important that you provide evidence of your achievements by giving examples to support your application. You may wish to use the headings in the person specification in order to set the information out clearly.

5. REFERENCES

Please give name, address and position/occupation of two referees. One must be your present or most recent employer. References will only be taken up for the successful candidate. Testimonials or references from friends and relatives are not acceptable.

I. Name:
Position:
Organisation:
Address:
Tel:
2. Name:
Position:
Organisation:
Address:
Tel:

6. CRIMINAL CONVICTIONS

Do you have any criminal convictions? Yes No

If Yes please give details on a separate sheet, this should exclude any spent convictions under Section 4(2) of the Rehabilitation of Offenders Act 1974.

7. DECLARATION AND SIGNATURE

The information supplied in this application form is accurate to the best of my knowledge.

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Signed Date

By signing and returning this application form you consent to NEW COURT SURGERY using and keeping information about you provided by you – or third parties such as referees – relating to your application or future employment, including verification of qualifications. This information will be used solely in the recruitment process and will be retained for six months from the date on which you are informed whether you have been invited to interview, or six months from the date of interview. Such information may include details relating to ethnic monitoring and disability: these will be used solely for internal monitoring and will not be disclosed to any third party. **Thank you for completing the form.** Please print your completed form and return– to the address given on the advert.