**LYNDHURST SURGERY**

**Application for Employment Form**

|  |
| --- |
| **POSITION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****The contents of this form will be treated as confidential** |

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Surname** | **Forenames**  |
| **Mr/Mrs/Ms/Miss (delete as appropriate)** | **Address** |
|  |
|  |
| **Post Code** | **Telephone number** |
| **Do you have a current driving licence? YES** 🞏  **NO** 🞏 |
| **If there any endorsements on your driving licence, please give details below:** |
|  |
|  |

**Education history**

|  |  |
| --- | --- |
| **School / College /****University attended** | **Qualifications Gained** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**EMPLOYMENT HISTORY (beginning with your most recent Employer)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Length of Employment** | **Name & address of Employer** | **Job Title** | **Duties** | **Rate of Pay** | **Reason(s) for Leaving** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Length of Employment** | **Name & address of Employer** | **Job Title** | **Duties** | **Rate of Pay** | **Reason(s) for Leaving** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Notice period required with current Employer:** |

**GENERAL COMMENTS**

**Please detail here your reasons for applying for this position, your main achievements to date and the strengths you would bring to this post.**

**This is the part of the application form where you can bring to our attention any qualities you believe we should be aware of and how you meet the person specification.**

**If you find there is insufficient space, please continue on a separate sheet.**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Leisure**

**Please give details of your leisure interests, sports and hobbies and other pastimes.**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **REFERENCES****Please give the names and addresses of two people from whom we may obtain a reference (one must be your current/last employer). Please include an email address.** |

|  |  |
| --- | --- |
| **1** |  |
|  |
|  |
|  |
| **2** |  |
|  |
|  |

**Criminal record**

**Please give details of any criminal convictions except those spent under the Rehabilitation of Offenders Act 1974.
For the purpose of this post you are required to provide this information.**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **DISCLOSURE & BARRING SERVICE (DBS) CHECKS** |
| **Any person applying for a position which requires a Regulated Activity to be performed, or is exempt from the Rehabilitation of Offenders Act 1974 will require Disclosure & Barring (DBS) checks to be undertaken.** **Please confirm your acceptance of this by signing below.****For the purpose of this post you are required to undertake a DBS check therefore you must sign below.****Signed: ………………………………………………………………………..……………………..… Date: ………………………………………** |

|  |
| --- |
| **DECLARATION****(Please read this carefully before signing the Application Form)** |
| **I confirm the above information is complete and correct.*Any offer of appointment may be withdrawn if you knowingly withhold information, or provide false or misleading information.******If your application is successful, your employment may be terminated should any subsequent information come to light once you have been appointed.*** |
| **If my application for employment is successful, I authorise you to submit my details to the HIOW Occupational Health clinical team. On receipt of a link, I will complete an online new starter health questionnaire.** |
|  |
| **I authorise you to contact the above two stated referees.** |
| **Signed:** | **Dated:**  |

**Appendix A**

**LYNDHURST SURGERY**

**Equal Opportunity Policy Form**

We are an equal opportunity Employer.

We have a policy to ensure no job applicant or Employee receives less favourable treatment on the grounds of sex, disability, marital status, civil partnership, colour, race, or ethnic origin, age, nationality, religion, religious or philosophical belief, sexual orientation, gender re-assignment or is disadvantaged by conditions or requirements that cannot be shown by us to be justifiable.

We frequently review selection criteria and procedures to ensure that individuals are selected, promoted and treated on the basis of their relevant merits.

All our Employees are given equality of opportunity and are encouraged to progress within the Practice.

We are committed to an ongoing programme of action to make this policy fully effective.

To ensure this policy is fully and fairly implemented and monitored and for no other reason, would you please complete the table overleaf and return this form to us, together with your Application for Employment Form*.*

**LYNDHURST SURGERY**

**Equal Opportunity Policy Form**

***(Please tick the box / enter the information to the right of your selection)***

**I would describe my sex and ethnic origin as follows:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Male** |  | **Female** |  |

|  |
| --- |
| **A. WHITE** |
| **British** |  | **Irish** |  | **Any other White background (Please specify)** |  |

|  |
| --- |
| **B. MIXED** |
| **White and Black Caribbean** |  | **White and Black African** |  | **White and Asian** |  | **Any other Mixed background (Please specify)** |  |

|  |
| --- |
| **C. ASIAN OR ASIAN BRITISH** |
| **Indian** |  | **Pakistani** |  | **Bangladeshi** |  | **Any otherAsianbackground(Please specify)** |  |

|  |
| --- |
| **D. BLACK OR BLACK BRITISH** |
| **Caribbean** |  | **African** |  | **Any other Black background (Please specify)** |  |

|  |
| --- |
| **E. CHINESE OR OTHER ETHNIC GROUP** |
| **Chinese** |  | **Any other (Please specify)** |  |

|  |
| --- |
| **F. ARAB OR MIDDLE EASTERN DESCENT** |
| **Arab** |  | **North African** |  | **Iraqi** |  | **Kurdish** |  |
| **Any other Middle Easternbackground (Please specify)** |  |

***Date of Birth ..........................................……………………………….***

***Signed ...........................................……………………………….***

***Print name ...........................................……………………………….***

***Job Applied For ...........................................……………………………….***

***Date ...........................................……………………………….***

**When completed, please return this form to us, together with your Application for Employment Form.**