MR/2/24/

Applicant Ref:

**DUNDRUM AND CLOUGH SURGERY**

**Tel: 028 4481 1535/028 4375 0700**

[**www.dundrumandcloughsurgery.co.uk**](http://www.dundrumandcloughsurgery.co.uk)

**EMPLOYMENT APPLICATION**

**Please complete in black ink. Failure to complete any part of this form may result in your application not being processed. CVs are not accepted. This form may not allow sufficient space for provision of the information requested, or other information you feel would be relevant to the application; if this is the case please include additional sheets, clearly named.**

**PERSONAL DETAILS:**

|  |  |  |
| --- | --- | --- |
| **Post applied for: MEDICAL RECEPTIONIST – 16 hours per week** | | |
| **Where did you see the post advertised?** | | |
| **Surname:**  **Male/female:** | **First Name(s):** | |
| **Address:** | | |
|  | | **Postcode:** |
| **Telephone Nos: Daytime: Evening:**  **E-mail address:**  **Do you hold a current UK driving licence?**  **What would be your method of transport to work?** | | |
| **Are you legally eligible for employment in the UK? Yes / No** (delete as applicable)  **Do you require a work permit to work in the UK? Yes / No** (delete as applicable)  *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) regarding a candidate’s eligibility to work in the UK. This applies to all applicants regardless of nationality/origin.*  **Have you any criminal convictions which are not ‘spent’? Yes / No** (delete as applicable)  **If yes please give dates and details:** | | |

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

|  |  |  |
| --- | --- | --- |
| Title of Post  Number of Hours worked per week: | | |
| Name and Address of Employer | | |
|  | | Postcode |
| Nature of Business | Date of Appointment | |
| Salary and Hourly Rate | Period of Notice / Contract End Date | |
| Summary of Duties Responsibilities  Reason for Leaving: | | |

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

Please give a brief explanation of any periods of unemployment

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer’s Name and Address | Title of Post Held/Brief Description of Duties | 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) |
|  |  |  |  |

**PERSONAL INTERESTS/HOBBIES**

|  |
| --- |
|  |

**INFORMATION IN SUPPORT OF THIS APPLICATION**

|  |
| --- |
| Please use the space below to explain why you would be a good applicant for the post, including any experience you have gained, skills you have to offer (e.g. IT skills) and personal qualities. This may include work and voluntary/domestic activities (e.g. school committees, charity work). Please relate your comments to the job description and person specification.  Please continue on an additional sheet if necessary |

**REFERENCES**

We require ***two*** references, one of which should be from your current or last employer.

|  |  |
| --- | --- |
| 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) |

**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 Dundrum and Clough Surgery is permitted to hold personal information about me as identified on this application form as part of its recruitment procedures and personnel records.

**Note:** Dundrum and Clough Surgeryis 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 and return with your application form in a separate envelope marked ‘monitoring information’.***

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

**Your application and monitoring form should be returned in an envelope addressed as follows:**

**PRIVATE AND CONFIDENTIAL – MR/2/24**

**Mrs Rebecca Bond**

**Practice Manager**

**Dundrum and Clough Surgery**

**1 Castlewellan Road**

**Clough**

**DOWNPATRICK**

**BT30 8RD**

**Completed applications must be returned in person or by post. WE DO NOT ACCEPT CVs. The Surgery does not accept liability for any applications that are delayed in the post.**

|  |  |
| --- | --- |
| **FOR OFFICE USE ONLY** | |
| DATE APPLICATION REC’D: | INTERVIEW: YES/NO |
| SHORTLIST: YES/NO | NOTES ON REFERENCES: |

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**APPENDIX 1 EQUAL OPPORTUNITIES MONITORING**

Dundrum and Clough Surgery is committed to equality of opportunity for all job applicants regardless of sex, marital status, disability, age, religious affiliation, political opinion or ethnic origin (this list is not exhaustive). Dundrum and Clough Surgery selects those suitable for employment solely on the basis of merit and monitors its activities to ensure that its equal opportunities policy is effectively implemented.

The application of equal opportunity in Dundrum and Clough Surgery is being implemented on the basis of a comparison of the sex, disability, ethnic origin and perceived religious affiliation of applicants. Monitoring will involve the use of statistical summaries information in which the identities of the individuals will not appear.

Access to this information is strictly controlled and will not be available to those considering your application.

To assist in this monitoring process please answer the following questions:

**Religious Affiliation**

I am a member of the Protestant community

I am a member of the Roman Catholic community

I am not a member of either the Protestant or Roman Catholic communities

**Sex**

Male Female

**Ethnic Origin**

01 Black Caribbean 02 Black African 03 Chinese

04 White 05 Bangladeshi 06 Pakistani

07 Indian 08 Irish Traveller 09 Mixed Ethnic Group

# 10 Any other ethnic group (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability**

In accordance with the *Disability Discrimination Act 1995,* a disability is defined as ‘*a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities’.*

Do you consider yourself to have a disability?

Yes No

***Note: If you answer this questionnaire you are obliged to do so truthfully as it is a criminal offence under the Fair Employment (Monitoring) Regulations (NI) 1999 to knowingly give false answers to these questions.***