**Atholl Medical Centre**

**EMPLOYMENT APPLICATION**

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.

**PERSONAL DETAILS:**

|  |  |  |
| --- | --- | --- |
| **Post applied for:** | | |
| **Where did you see the post advertised?** | | |
| **Surname:** | **First Name(s):** | |
| **Address:** | | |
|  | | **Postcode:** |
| **Telephone No: Daytime: Evening:**  **E-mail address:** | | |
| **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.* | | |
| **CRIMINAL CONVICTIONS**  **Have you ever been convicted of a criminal offence (excluding Motor Traffic offences)?**  **Yes / No** (delete as applicable)  **If yes please give dates and details.**  (Declaration subject to the Rehabilitation of Offenders Act 1974)  **Do you have any disabilities that might affect your application?**   **Yes / No**  Please tell us if:   1. there are any reasonable adjustments we can make to assist you in your application 2. there are any reasonable adjustments we can make to the job itself to help you carry it out | | |

**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  (Full time equivalent) | Period of Notice / Contract End Date | |
| Summary of Duties Responsibilities  Reason for Leaving: | | |

**When can you start work for us?**

**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 | Salary and Scale (FTE) | 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**

|  |
| --- |
|  |

**APPLICANTS WHO ARE PATIENTS OF ATHOLL MEDICAL CENTRE**

Atholl Medical Centreconsiders that employing staff who are patients of the practice has significant disadvantages both to the patient and to the practice. Please note therefore that if your application is successful, you may be required to register elsewhere.

**REFERENCES**

Please give the name, address, email 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 | |
| Email | Email | |
| 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**

|  |
| --- |
| In your own words, describe the sort of work you think you would be asked to undertake if you were successful in getting this job:  Please use the space below explain why you would be a good applicant for the post, 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 relate your comments to the job description and advertisement. |

|  |
| --- |
| If you are selected for interview, are there any reasonable adjustments you would need us to make to make it easier for you to attend?Yes / No (delete as applicable)If yes, please give details: **Please note that Atholl Medical Centre operates a non-smoking policy covering all practice premises and grounds** |

**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 Atholl Medical Centreis permitted to hold personal information about me as identified on this application form as part of its recruitment procedures and personnel records.

**Note:** Atholl Medical Centreis 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.

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

**This form should be returned to Lavinia Peebles, Practice Manager,**

**Atholl Medical Centre, Ferry Road, Pitlochry, PH16 5FG**

**(lavinia.peebles@nhs.scot)**

**Closing date for applications 30th November 2021**