

**AIMS TO BE AN EQUAL OPPORTUNITY EMPLOYER**

Please complete this application in **BLACK INK** in **BLOCK CAPITALS** or in typewriting.

(You may also submit a CV as part of this application)

**Application for Post of *Part Time Receptionist***

**1. PERSONAL DETAILS**

National Insurance No

Title	SURNAME	First Names	Have you a Current Driving Licence?
		Preferred Name	
Address: House Number:  Street Name  Town:  County <span style="float: right;">Postcode</span>			
Telephone Numbers:		Business / Work:	Home:
Mobile:		Ext:	E-mail:

**2. EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS**

Qualifications obtained (please state <b>all</b> relevant qualifications and level attained)	Grades	Date	Qualifications obtained (cont)	Grades	Date
				Stage	Date

### 3. MEMBERSHIP OF PROFESSIONAL BODIES

Professional Registering Body	Membership Status	Registration Number	Since

### 4. WORK HISTORY – CURRENT MOST RECENT POSITION

Employers Name and Address	Nature of Business
	Present Grade/Salary/Wage
Job Title (please give brief outline of your duties/responsibilities)	Other Benefits
	Date of Appointment
	Notice Required

### 5. PREVIOUS EMPLOYMENT - Starting with the most recent (Additional sheets may be attached if required).

Employer's Name and Address	Position Held/Job Title	Dates		Reasons for Leaving
		From	To	

**6. REFERENCES** - Please give details of two referees - one of whom should be your present employer, or if unemployed your last employer, and one a previous employer (if possible). )

<b>A)</b> Name  Position held by referee:  Organisation: (if appropriate)  Address:  Telephone:	<b>B)</b> Name Position held by referee:  Organisation: (if appropriate) Address   Telephone:
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IF YOUR REFEREES KNOW YOU BY A DIFFERENT SURNAME PLEASE SAY WHAT THIS IS

It is our usual practice to contact referees for short-listed candidates.

If you **DO NOT** wish us to do so prior to interview please tick boxes, as appropriate (A)  (B)

**NB** If a provisional offer of employment is made; references **WILL** then be sought before the offer is confirmed.

**7. FURTHER INFORMATION** - Please provide information in support of your application, e.g. a brief description of your relevant experience, present duties, training and/or any other relevant information. Please attach additional sheets if necessary.

## 8. DECLARATION

I understand that any offer of employment will be subject to the information on this application (and CV if applicable) being complete and correct. Any false information or a failure to supply details required under Section 9 above, could make an offer of employment invalid or lead to termination of employment.

Signed

Date

## 9. ASYLUM AND IMMIGRATION ACT 1996

Do you have evidence of your entitlement to live and work in the UK?

YES  NO

If your application is successful, you will be asked to produce this evidence.  
(Please tick the box to confirm you will provide evidence).

Do you require a work permit?

YES  NO

Date of expiry of permit held

## 10. DISABILITY DISCRIMINATION ACT 1995

The Disability Discrimination Act protects people with disabilities from unlawful discrimination. If we know you have a disability we will make adjustments to your working arrangements or your working environment provided it is reasonable in the circumstances to do so.

Do you regard yourself as a disabled person?

YES  NO

If YES, are there any adjustments we should consider during the recruitment process (e.g. at interview), or the job itself, which might be helpful to you?

**Please Return Completed Form to:**

[ddccg.receptionadmin@nhs.net](mailto:ddccg.receptionadmin@nhs.net)

**And mark it for the attention of Julie Davidson and/or Kelly Braddock**