# 

# 

# POUNDBURY DOCTORS SURGERY

# Application for Employment Form

|  |
| --- |
| **POSITION : RECEPTIONIST/ADMIN**  **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** 🞏 | | |

**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.**

**Do not feel under any obligation to complete this section if you believe the rest of this form has brought out these qualities in sufficient detail.**

**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 name and address of two people from whom we may obtain a character and work experience reference.** |

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

**Criminal record**

**Please give details of any criminal convictions except those spent under the Rehabilitation of Offenders Act 1974 and the amendments to the Exception Order 1975 (2013).  
For the purpose of this post you are required to provide this information.**

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

|  |
| --- |
| **DISCLOSURE & BARRING SERVICE (DBS) – Disclosure Certificate and Registration** |
| **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 contact my doctor for further details and confirmation of my state of health.** | |
| **If my Application for Employment is successful, I agree to undergo a medical examination if this is required to ensure my suitability to carry out my duties.**  **I have given my explicit consent freely.** | |
| **I authorise you to contact the two stated referees under REFERENCES section.** | |
| **Signed:** | **Dated:** |

We are an Equal Opportunities Employer.

Please do not submit a cv.

Please send this completed application form to:

Miss Jane Goodson, Practice Manager, Poundbury Doctors Surgery, 3 Frederick Treves House,

St John Way, Dorchester, Dorset, DT1 2FD

Either post or hand deliver application form. **Please do not email.**

**Closing date for receipt of applications: 30th November 2020.**

**Interviews: 8th December 2020.**