

Irvinestown Health Centre
An Equal Opportunity Employer

APPLICATION FORM

Post Applied for:			
Surname:		Forenames:	
Address:			
Telephone Number:	Home:	Mobile:	
E-mail address:			
Have you any criminal convictions that are not "spent"?			
Yes / No (delete as applicable) If Yes please give dates and details:			
Full Driving Licence:	YES/NO*	Endorsements:	**YES/NO
Are you legally entitled to work in this country and have permanent residence? (Documentary evidence such as a passport will be required if you are offered this post).			YES/NO

CURRENT (OR MOST RECENT) EMPLOYMENT DETAILS

Title of Post:	
Number of hours worked per week:	
Name and Address of Employer:	
Postcode:	
Nature of Business:	Date of Appointment:
Salary / Hourly Rate: (full time equivalent)	Period of Notice / Contract End Date:
Summary of duties / responsibilities:	
Reason for leaving:	

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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

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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

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APPLICANTS WHO ARE PATIENTS OF: IRVINESTOWN HEALTH CENTRE

Irvinestown Health Centre considers that employing staff who are patients of the practice has significant disadvantages, both to the patient and to the practice. Please note, therefore, if your application is successful, you will be required to register elsewhere.

REFERENCES:

Please give the names, addresses and telephone numbers of two referees. At least one of these should be your current or most recent Line Manager / Employer. (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:
How does this person know you?	How does this person know you?
If required, may we take up a reference before interview?	If required, may we take up a reference before interview?
Yes / No (delete as applicable)	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.

Please continue on the additional sheet if necessary

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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 Irvinestown Health Centre operates a non-smoking policy covering all practice premises.

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

Note: Irvinestown Health Centre is 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.

Signature of Applicant:

Date:

Please return completed application form to:

**Cheryl Hamilton
Practice Manager
Irvinestown Health Centre
Irvinestown
Co Fermanagh
Email: Cheryl.Hamilton.Z00566@gp.hscni.net**

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Additional Information: