

Brook Square Surgery
 Trafalgar House
 41-44 Trafalgar Street West
 Scarborough
 YO12 7AS

EMPLOYMENT APPLICATION FORM

PERSONAL DETAILS:

Surname:	First Names:	
Address:		
Postcode:		
Telephone:	Daytime:	Evening:
E-mail address:		
National Insurance Number:		
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)		
<i>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, whether or not they are UK citizens.</i>		
Have you any criminal convictions, which you should disclose?		
Yes / No (delete as applicable)		
If yes please give dates and details.		

CURRENT (OR MOST RECENT) EMPLOYMENT

Title of Post	
Name and Address of Employer	
Postcode	
Date of Appointment:	Period of Notice/Contract End Date:
Current Actual Salary: Hours per week:	Reason for leaving:
Summary of Duties Responsibilities	

PREVIOUS EMPLOYMENT:

Employer Details	Details of Post Held and Reason for Leaving	Period of Service		F/T or P/T
		From	To	

QUALIFICATIONS:

Place of Study		Qualifications/ Membership of Professional Body	Period of Study		F/T or P/T
			From	To	

Have you applied to the Practice previously, if so for which position and when:

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 and personal qualities. Please relate to your Job Description and the Person Specification. **Please also state why you are applying for this position.**

Please continue on an additional sheet as necessary

APPLICANTS WHO ARE PATIENTS OF *Brook Square Surgery*

Brook Square Surgery considers 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 will be required to register elsewhere.

ADDITIONAL INFORMATION

Please provide brief details of any absences from work of 3 days or more which you have had in the last 2 years:
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REFERENCES

Please give the name, address 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 must be your current or last employer.

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?
May we take up references before interview? Yes/No (delete as appropriate)	May we take up references before interview? Yes/No (delete as appropriate)

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.

In accordance with the Data Protection Act 1988 I agree to *Brook Square Surgery* processing personal data obtained from me or other people for any purpose connected with my employment or my health and safety whilst on the premises or for any other legitimate reason.

Note: *Brook Square Surgery* 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.

Signed:	Date:
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ENSURE THIS IS A SEPARATE PAGE

OTHER INFORMATION:

The information on this sheet will be kept confidential and on receipt it will be separated from the rest of the application form.

The information on this page will not be seen by anybody involved in deciding who is shortlisted or appointed. The information provided regarding reasonable adjustments will only be made available to the Selection Panel once short-listed candidates have been invited to interview.

DISABILITY:

The Disability Discrimination Act 1995 states that a person has a disability if he/she has a *“physical or mental impairment which has a substantial or long term adverse effect on a person’s ability to carry out normal day to day activities”*.

Do you consider yourself to have a disability in terms of the above definition?

Yes	
No	

If you have answered yes, then please also complete the section below.

REASONABLE ADJUSTMENTS:

Under the Disability Discrimination Act 1995, the Practice may have to make reasonable adjustments to its employment arrangements or premises so that a disabled employee or prospective employee is not at any substantial disadvantage compared to a non-disabled person. For prospective employees the Practice must investigate whether there is any reasonable adjustment which would overcome a disadvantage to a disabled applicant before deciding if they are the most suitable person for the job.

Please state below any adjustments that you wish the Practice to consider:

a) In relation to the shortlisting and/or interviewing process
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b) In relation to the working arrangements for this post