

## PART 1

Burncross Surgery  
1 Bevan Way  
Chapeltown  
Sheffield  
S35 1RN

No.

**STRICTLY CONFIDENTIAL**

## Application Form

Please complete this form in black ink or type and return to the Practice Manager

Application for the post of: .....

### PERSONAL INFORMATION:

Surname ..... First name(s): .....  
Title: (Mr/Mrs/Ms/Other): .....  
Address: .....  
Post Code: .....  
Telephone No. ( ) ..... (Day time) ( ) ..... (Evening)  
E-mail Address: ..... Mobile No: .....  
Date of Birth: .....

### GENERAL HEALTH

Please note that any offer of appointment is made on the basis of Occupational Health Department clearance with regard to fitness for employment for the post applied for. Please give below, the number of days absent due to illness and/or inability to carry out usual daily living activities in the last 2 years.

No. of days: ..... On how many occasions: .....  
Reasons: .....  
.....

### REHABILITATION OF OFFENDERS ACT 1974

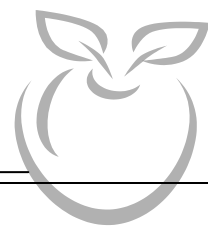
This post is exempt from the provision as set out in the above Act. All applicants must not, therefore, withhold information about convictions or cautions **including those which, for other purposes, would be considered as "spent"**. Any failure to disclose information about convictions or cautions will result in either dismissal or disciplinary action.

Have you ever been convicted of a criminal act? Yes/No (delete as appropriate)

If yes, please attach details in a sealed envelope.

### ACCESS TO CHILDREN/VULNERABLE PEOPLE

For certain posts with the Practice there may be substantial access to children and/or specific groups that are the subject of vetting by the Criminal Records Bureau and under the Protection of Children Act list. Therefore, any confirmation of appointment will be made following verification of details given with candidates being notified if the vetting procedure is applicable.



## FITNESS TO PRACTICE

Please provide details of the nature of proceedings undertaken, or contemplated including approximate date of proceedings, country where proceedings were undertaken and the name and address of the licensing regulatory body concerned

Nature of proceedings	Licensing or Regulatory Body	Country	Date

## IMMIGRATION REGULATIONS

In order that you are able to comply with current Immigration Regulations, do you require a work permit before taking up paid employment? Yes/No (delete as appropriate)

## BREAKS IN EMPLOYMENT

Please use this section to account for any gaps in your employment record:

.....  
 .....

## REFERENCES

Referees supplied must be from your current or most recent employer who should be able to comment on your professional/technical ability and not from family members. Should you currently be employed by the NHS, or similar large organisation your referee should be the Director/Department Head or someone authorised to act on their behalf. In certain cases, a third referee may be required from a previous employer, therefore please provide an additional reference for such purposes. For school leavers this will be the name of your head of school/year or college principal.

1. Name .....  
 (Position/relationship to Applicant)

2. Name .....  
 (Position/relationship to Applicant)

3. Name .....  
 (Position/relationship to Applicant)

.....

.....

.....

Address .....

Address .....

Address .....

.....

.....

.....

.....

.....

.....

☐
☐
☐

NB: Please tick box if you do not want an approach to be made prior to offer being made

## CANVASSING & RELATIONSHIPS

The Standing Orders of this Practice requires that Applicant's declare here if they know that they are related to any member of the Practice staff. Please give relevant details:

.....  
 .....

The Practice's Standing Orders also prevent an Applicant for employment from canvassing either GPs or the Practice Manager and/or any member of staff involved with the selection of Applicant's for appointment, other than general discussions concerning the post.

## DECLARATION

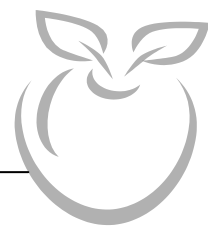
I certify that, to the best of my knowledge and belief, the information contained in this application form is correct and understand that any false information given in either Parts 1- 3; failure to disclose a relationship with a member of staff or canvassing (other than to discuss the post), may render an offer of employment invalid, and if employed, lead to dismissal.

I also give my permission for the Practice to use the personal information contained in this application for monitoring and analysis purposes.

Signed .....

Date: .....

# Chapelgreen Practice



Burncross Surgery  
1 Bevan Way  
Chapeltown  
Sheffield  
S35 1RN

## PART 2

No.

## Application Form

APPLICATION FOR THE POST OF :

### EDUCATION AND QUALIFICATIONS

Secondary Education:

Subject	Level	Grade	Year Obtained

Further and Higher Education/Degrees/Professional Training:

From	To	University	Qualification	Year	Grade	Professional Registration

Other Training/Courses:

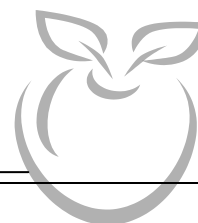
Title of Course	Training Institute	Commenced	Completed

Membership of Professional Organisation:

Professional Organisation	Registration Number	Expiry Date

**Driving Licence:** Do you hold a current driving licence appropriate to the position being applied for? Yes/No.

# Chapelgreen Practice



## EMPLOYMENT DETAILS

Name of Current/most recent employer: .....

Type of Business: .....

Address: .....

Post Title: .....

Brief Summary of Duties:

.....

.....

.....

.....

Start date: .....

Full time/Part time (hours worked): .....

Period of notice required: ..... or available from: .....

Reason for leaving:

.....

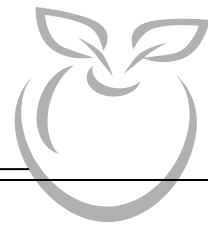
.....

Name of Previous Employers (covering the last 10 years, showing the most recent first):

Employers name/address Nature of business	Post and brief summary of job	From	To	Reason for Leaving

## HOBBIES AND INTERESTS:

Please list here any hobbies or interests you consider relevant in support of your application.



## INFORMATION IN SUPPORT OF YOUR APPLICATION

This is an important part of your application where you are able to give further supporting information. This may include the reasons why you are applying for the post, previous work experience or skills, which you consider, are relevant to your application. Please continue on a separate sheet if necessary.

## GUIDANCE FOR COMPLETING FORM:

- Should you also decide to include a CV with your application form, please ensure you have taken out all references to personal information as this Practice is committed to equal opportunities. We reserve the right to edit out personal detail contents on CVs, if they have not been edited appropriately, in compliance with our Policy.
- Read all the material supplied that has been sent to you – this will help you to decide if you are suitable for the post.
- It may also be helpful to draft your application prior to completing it.
- Giving details about your present/last post will identify duties/responsibilities, skills and abilities you may be able to bring to the post you are now applying for.
- Use the supporting information on this page of the form to give details of other relevant experience, e.g. outside work, continuing on a separate sheet if necessary.





## PART 3

### Equal Opportunities Monitoring

This Practice is committed to avoiding any form of discrimination and providing equal opportunities regardless of race, ethnic or national origin, colour, gender re-assignment, sexual orientation, age, religious beliefs, creed, disability or marital status.

The aim of this policy is to ensure that no job applicant or employee receives less favourable treatment on any grounds not relevant to good employment practice and that candidates will be selected on job-related criterion only, that is, on ability to meet the criteria of the job as outlined in the job description/person specification.

To enable this policy to work effectively, it is necessary to monitor all applicants/appointees to posts within the Practice and, in order to obtain a true reflection of this; it is important that all Applicants complete the questionnaire. Please be reassured that your answers will be treated in the strictest confidence and that this information will be separated from the main application form upon receipt.

Please answer all questions by ticking the appropriate box.

<b>Gender:</b>				
<input type="checkbox"/> Male	<input type="checkbox"/> Female			
<b>Marital Status:</b>				
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
<b>Ethnic Groups (based on the 2001 census):</b>				
<b>White:</b>		<b>Mixed:</b>		
<input type="checkbox"/> British		<input type="checkbox"/> White and Black African		
<input type="checkbox"/> Irish		<input type="checkbox"/> White and Black Caribbean		
<input type="checkbox"/> Any other White background		<input type="checkbox"/> White and Asian		
		<input type="checkbox"/> Any other mixed background		
<b>Asian or Asian British:</b>		<b>Black or Black British:</b>		
<input type="checkbox"/> Indian		<input type="checkbox"/> Caribbean		
<input type="checkbox"/> Pakistani		<input type="checkbox"/> African		
<input type="checkbox"/> Bangladeshi		<input type="checkbox"/> Any other Black background		
		<input type="checkbox"/> Any other Asian background		
<b>Other ethnic groups:</b>		<b>Not stated:</b>		
<input type="checkbox"/> Chinese		<input type="checkbox"/> Not stated		
		<input type="checkbox"/> Any other ethnic group		
<b>Disability:</b>				
Disability takes many forms and can be physical or sensory, with learning difficulties or mental health impairment that has a substantial long-term adverse affect on the ability to carry out usual day-to-day activities.				
Do you consider yourself to be disabled?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		
<b>Where did you see this vacancy?</b> .....				