

BOVEY TRACEY AND CHUDLEIGH PRACTICE

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:

On what date would you be able to commence this employment?

How did you hear about this vacancy ?

PERSONAL DETAILS

FULL NAME
(including Title, Forename(s) and Surname)

ADDRESS
(including postcode)

CONTACT DETAILS

Home Telephone

Work Telephone

Mobile

E-Mail

NATIONAL INSURANCE NUMBER

IF YOU ARE APPLYING FOR A MEDICAL OR NURSING POST:

This role is "excepted" from the Rehabilitation of Offenders Act 1974. You are therefore required to disclose details of any criminal record, caution, reprimand, or warning by the police, whether "spent" or not. Only relevant convictions will be taken into account in assessing your suitability for this position.

Have you ever been convicted by the courts, cautioned, reprimanded or given a final warning by the Police? YES / NO

If "Yes" give details of the offence(s) including dates and penalties imposed. Please note that further information may be required later.

IF YOU ARE APPLYING FOR A MEDICAL OR NURSING POST:

Please note that an **Enhanced Criminal Bureau** check will always be undertaken prior to any offer of employment.

Is there any other information which may have a bearing on your suitability to undertake this role? (Examples may include police investigations or allegations made against you. **YES / NO**)

If "Yes" please give details.

EMPLOYMENT HISTORY

Please give details of your previous employment, starting with the most recent

Employer	Dates (from-to)	Position Held & Main duties	Reason for Leaving and Final Salary

EDUCATION AND QUALIFICATIONS

Please give details of your education and qualifications

Subject	Qualification and Grade (if appropriate)	When?	Where?

REFERENCES

Please give details of two referee, one of whom should be your present/last employer
Referees will be contacted in advance of the selection process unless you indicate below

Name	Relationship	Address	Telephone/Fax/ E-Mail

Please place a tick in this box if you **do not** wish the above referee to be contacted in advance of the selection process []

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Please place a tick in this box if you **do not** wish the above referee to be contacted in advance of the selection process []

ADDITIONAL INFORMATION

Please use this space to give any other information you feel you want to provide in support of your application including **your reasons for applying to Bovey Tracey & Chudleigh Practice** and what skills and benefits you can bring

DECLARATION

Please sign and date the declarations below

I declare that the information given by me on this application form, to the best of my knowledge, is true and complete

I acknowledge that dishonesty or the giving of incorrect information on purpose may render this application and any subsequent employment invalid and subject to termination

NAME (BLOCK CAPITALS)

SIGNED

DATE