

APPLICATION FOR EMPLOYMENT

PRIVATE AND CONFIDENTIAL

Return this form to: The Practice Manager
Framlingham Medical Practice
The Surgery
Pembroke Road
Framlingham
Woodbridge
SUFFOLK
IP13 9HA

Alternatively email to iesccg.framlingham-medical-practice@nhs.net

POSITION APPLIED FOR: Medical Secretary

Surname:

Forename(s):

Title:

Address:

Postcode:

Home telephone number:

Mobile contact number:

NI No.

Email address:

Current driving licence? Yes/No
Groups: Expiry Date:

Details of
endorsements

Are there any restrictions on you taking up employment in the UK? Yes No
(If yes, please provide details)

EDUCATION HISTORY

Schools

Qualifications gained

Colleges/Universities

Qualifications gained

Other relevant training

OTHER EMPLOYMENT

Please note any other employment you would continue with if you were to be successful in obtaining this position.

EMPLOYMENT HISTORY (Please complete in full and use a separate sheet if necessary)

NAME & ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	START/FINISH DATES	SALARY	REASON FOR LEAVING

Notice required in current post:

REFERENCES

Please note here the names and addresses of two persons from whom the company may obtain both character and work experience references.

1. Employment Reference	2. Personal Character Reference
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LEISURE

Please note here your leisure interests, sports and hobbies, other pastimes etc.

CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.

GENERAL COMMENTS

Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the person specification).

DECLARATION (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed:

Date: