**The Riverside Practice**

**EMPLOYMENT APPLICATION**

**The contents of this form will be treated as confidential**

This form may not allow sufficient space for provision of the information requested, or other information you feel would be relevant to the application. If this is the case, please include additional sheets.

Please complete the application fully, applications completed with see attached CV will not be considered complete and deleted from the application process.

**PERSONAL DETAILS:**

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| --- |
| **Post applied for:**  |
| **Where did you see the post advertised?****(Please advise which publication or website)** |
| **Surname:** **Title:** | **First Name(s):** |
| **Address:** |
| **Postcode:** |  |
| **Telephone Numbers: Home: Mobile:** **E-mail address:****Do you hold a current UK driving licence? Yes / No** (delete as applicable)**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)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 regardless of nationality/origin. |

**CURRENT (OR MOST RECENT) EMPLOYMENT OR WORK EXPERIENCE**

|  |
| --- |
| Title of Post |
| Name and Address of Employer |
| Postcode |  |
| Nature of Business | Salary and Grade/Scale |
| Start Date | What is your notice period? (If still currently employed)What was your final date of employment? (if already left) |
| Reason for leaving / Wanting to leave |  |
| Summary of Duties Responsibilities  |

**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 | DateFrom | DateTo | Reason for leaving |
|  |  |  |  |  |  |

**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) |
|  |  |  |  |

\* Inclusion of qualification dates is not compulsory

**INFORMATION IN SUPPORT OF THIS APPLICATION**

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| 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 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.  |

**LEISURE**

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| --- |
| **Please give details of your leisure interests, sports, hobbies and other pastimes.** |

**REFERENCES**

Pre – employment checks – any job offer would be subject to receipt of satisfactory reference checks. The Practice will only approach referees listed below after written consent from yourself.

A reference will be carried out on your previous employment for a minimum period of three years

The reference request will ask for confirmation of dates of employment, confirmation of job title, and reason for leaving, the number of sick days in previous 12 months, if there are any safeguarding concerns and if they feel you are suitable for the role as described to them.

The referees need to be of senior management and with authority to give the reference on behalf of the business, such as Business or HR Manager.

Colleagues can be added as personal referee in addition to job referee. (it should be stated that the person is a personal referee) – additional referees can be added to this form if required.

|  |  |
| --- | --- |
| Name | Name |
| Job Title  | Job Title (if applicable) |
| Business Address | Address |
| Postcode | Postcode |
| Telephone | Telephone |
| Email address | Email address |
| How does this person know you? | How does this person know you? |

**PROOF OF IDENTITY**

Employers have a legal requirement to ensure that all employees have a legal right to work in the UK. Should your application be successful, the Practice will need to see original documents to prove this eligibility (A list of appropriate documents would be provided if successful)

**APPLICANTS WHO ARE PATIENTS OF THE RIVERSIDE PRACTICE**

The Riverside Practice 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, and you are registered at the Practice, you will be required to register elsewhere.

**CRIMINAL RECORD**

Have you any criminal convictions? **Yes / No** (delete as applicable)

This post is exempt from the provisions of the Rehabilitation of Offenders Act 1974, which means that applicants are not entitled to withhold any information requested about previous convictions even if, in other circumstances, they would be regarded as ‘spent’ under the Act.

If yes please give dates and details.

|  |
| --- |
|  |

**DISCLOSURE & BARRING SERVICE (DBS) DISCLOSURE DOCUMENT & REGISTRATION**

Any position which requires, as part of normal duties, caring for, training, supervising or being in sole charge of children or vulnerable adults will require Disclosure & Barring (DBS) checks to be undertaken, including provision of a suitable disclosure document.

The Protection of Children Act, the Protection of Vulnerable Adults Act and the

Safeguarding Vulnerable Groups Act, as amended, will apply in this case.

Please confirm your acceptance of this by signing below.

For the purpose of this post you are required to undertake a DBS check therefore you must sign below.

Signed: ………………………………………………………………………..……………………..…

 Date: ………………………………………

**DECLARATION**

**Please read this carefully before signing the Application Form**

I confirm that the above information is complete and correct.

I also understand and agree if my Application for Employment is successful I will be referred to Occupational Health Services for a pre-employment medical check and possible telephone consultation to determine if any reasonable adjustments are required and I am fit for the role applying for.

I have given my explicit consent freely.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GDPR**

Your application will be shared with Riverside Practice personnel who are involved with the recruitment process

Should you be successful your application will form part of your personnel file, if unsuccessful your application form will be held for a period of six months and then destroyed via our confidential waste shredding process or deleted.

Please see our GDPR Privacy notice for job applicants.