Thatcham Medical Practice

Application Form

We adhere to Berkshire West NHS Trust Equal Opportunities Policy

Post Applied For:……………………………………Closing Date:…………………………………...

**Personal Details** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: ……………………………………………….… Forenames:……………………………………

Previous Surname: ……………………………………… Title:…………………………………………....

Contact Address: ……………………………………………………….……………………………………..

…………………………………………………………………………..……………………………………….

E-mail address…………………………………….

Tel No: ……………………………. (day) ……………………………..(evening)……………………(mobile)

**Referees**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide details of two referees. One should be your present employer, or most recent employer if not currently employed. If you have recently finished education, a tutor. The other may be someone who knows you well, although not a member of your family.

Name: ……………………………………..……… Name:………………………………………………..

Position……………………………………………. Position:……………………………………………..

Address: ………………………………………….. Address:……………………………………………..

…………………………………............ .………………………………………………

Postcode:…………………………………………. Postcode: ……………………………………………

Relationship to you:……………………………… Relationship to you:………………………………..

Do you wish to be contacted before we Do you wish to be contacted before we

Approach this referee? YES / NO approach this referee? YES / NO

**Further Information**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you hold a current driving licence? YES / NO

Do you have any driving licence endorsements? YES / NO

If Yes, please give details.

Have you ever been convicted of any criminal offence? YES / NO

**Employment Details**

Current or most recent first

|  |  |  |  |
| --- | --- | --- | --- |
| Dates M = month Y = year  From To  M Y M Y | Job Title  Employer's Name & Address | Length of Notice | Salary & Benefits |
|  |  |  |  |

Please detail the main responsibilities and reporting relationships of your current or most recent job.

**Previous Employment Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates M = month Y = year  From To  M Y M Y | Employer's Name, Job Title & Address\* | Length of Notice | Salary & Benefits |
|  |  |  |  |

\*Please give grade if employed by NHS.

**Sickness Absence**

How many absences have you had in the last two years? ……………………………..

How many periods of absence have you had in the last two years? ……………………………..

Please provide details of any serious illness, allergies or medical conditions from which you suffer

……………………………………………………………………………………………………………..

**Educational Details**

State most recent first

|  |  |  |  |
| --- | --- | --- | --- |
| Dates M = month Y = year  From To  M Y M Y | Name & Location of School, College, Polytechnic or University | Examinations taken State level & subjects | Grade obtained or expected |
|  |  |  |  |

Vocational and Non-Vocational Training

|  |  |  |
| --- | --- | --- |
| Date | Course Title | Duration |
|  |  |  |

**Membership of Technical or Professional Organisations**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Admission | Grade of Membership | Name of Institute/Professional Organisation | Method of Membership eg by examinations, experience |
|  |  |  |  |

**Supplementary Information in Support of Application**

Please provide any other information you consider relevant, including your reason for applying for the post and why you consider yourself to be suitable for the post.

**Declaration** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the information made in this application is correct and complete to the best of my knowledge. I understand that if I am appointed and it is subsequently discovered that any statement made in this application is incorrect, I may be dismissed. I also understand that, on appointment information from this form may be computerised for personal purposes in accordance with the Data Protection Act.

Signature ………………………………………………………. Date …………………………….

Please return this form by e-mail to [lindalawson1@nhs.net](mailto:lindalawson1@nhs.net) or in a Private & Confidential envelope to:

**Linda Lawson** , Practice Manager, Thatcham Medical Practice, The Health Centre, Bath Road, Thatcham, Berkshire RG18 3HD.