**CONFIDENTIAL**

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| cid:image001.jpg@01D5F20F.782CF0A0 | **Latham House Medical Practice****Employment Application Form** |

Please complete this form in type or black ink. All questions must be answered in the boxes provided.

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| Post applied for: |  |

**PERSONAL DETAILS**

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| Surname: |  | Title: |  |
| Forename(s): |  |
| Home address: |  |
| Postcode: |  |
| Email Address: |  |
| Telephone number: |  | Mobile: |  |
| National Insurance Number: |  |
| Are you legally eligible for employment in the UK? | [ ]  YES [ ]  NO |
| Do you require a permit to work in the UK? | [ ]  YES [ ]  NO |
| Is your ability to perform the particular job for which you are applying limited in any way? | [ ]  YES [ ]  NO |
| If so, what reasonable adjustments need to be made? |
| Do you have a relevant current driving licence? | [ ]  YES [ ]  NO |
| Please give details of any driving offences currently under endorsement: |

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|  This post applied for will require a criminal record check via the Disclosure and Barring Service (DBS) |
| Do you currently subscribe to the Disclosure and Barring Service? Yes/No |

**EMPLOYMENT**

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| Current / most recent employer: |  |
| Address (incl. Post Code): |  |
| Date Started: |  | End Date / Until: |  |
| Job Title: |  |
| Brief Description of Duties: |  |
| Reason for leaving: |  |
| Current Salary (Per Annum): |  |
| Contracted Hours (Per Week): |  |

**PREVIOUS EMPLOYMENT / CAREER HISTORY**

Please provide full employment history starting with the most recent. Please account for any gaps/breaks in employment. If necessary, please continue on a separate sheet of paper.

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| --- | --- | --- | --- | --- |
| Name & Address of Employer | From | To | Role & Responsibilities | Reason for Leaving |
| Month | Year | Month | Year |
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Please describe any other work you have been involved in, e.g. voluntary, freelance, project work, etc.

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| Dates / Duration | Description |
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**EDUCATION, QUALIFICATIONS & TRAINING**

Beginning with the most recent events, give details of your education, qualifications and training to date.

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| --- | --- | --- |
| Name of University / College / School / Training Provider | Dates | Qualifications & Skills acquired |
| From | To |
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| **Registration Number (if applicable):** |  |
| **Indemnity** **Number (if applicable):** |  |
| **NHS Smart Card number (if applicable):** |  |

**STUDY / TRAINING CURRENTLY BEING UNDERTAKEN**

|  |  |  |
| --- | --- | --- |
| Name of University / College / School / Training Provider | Dates | Qualifications & Skills acquired |
| From | To |
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**APPRENTICESHIPS, MEMBERSHIPS OF PROFESSIONAL ORGANISATIONS**

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**RELEVANT EXPERIENCE**

Having read the job description and person specification, please state how your experience and achievements to date, either through employment or activities outside of work, would make you a suitable candidate for this post. You must address each criteria detailed on the person specification and provide examples of how you meet the criteria. If you need to continue beyond these pages of the form please use the same size white paper.

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(If required, please continue on a separate sheet of paper.)

**ADDITIONAL INFORMATION**

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| Are you related to a GP Partner or an employee of Latham House Medical Practice? | [ ]  YES [ ]  NO |
| If so, please provide the name, position and details of the relationship?  |

**REFERENCES**

Please provide names, addresses and occupations of two referees (not relatives), preferably previous employers, whom we may approach with regard to your application at an appropriate and later date after obtaining your permission. If you are known to your referee by a previous surname, please state the name.

|  |  |
| --- | --- |
| **FIRST REFEREE** | **SECOND REFEREE** |
| Name: |  | Name: |  |
| Occupation: |  | Occupation: |  |
| Relationship: |  | Relationship: |  |
| Address: |  | Address: |  |
| Email Address: |  | Email Address: |  |
| Telephone No: |  | Telephone No: |  |

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| **Where did you hear about position?** |  |
| **If you have been recommended by a staff member of the Practice, please give details**  | Name of LHMP Employee: |

**Declaration**

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| Any of the above particulars may be subject to check. I understand that any false, inaccurate or incomplete information could result in dismissal, disciplinary action or a withdrawal of any offer of employment.I declare that the information given on this form is to the best of my knowledge correct and complete and can be treated as part of any subsequent contact of employment.I understand that Latham House Medical Practice may process, by means of a computer database or otherwise, any information which I provide to it, for the purpose of employment with Latham House Medical Practice.Please note: If you return this form by e-mail, your signature confirming the above will be requested if you are invited to attend an interview.Signature: Date:  |

Please return marked ‘CONFIDENTIAL’; to:

**Human Resources**

**Latham House Medical Practice**

**Sage Cross Street**

**Melton Mowbray**

**Leicestershire**

**LE13 1NX**

or email to**:** lhmp.recruitment@nhs.net