



WYE SURGERY - APPLICATION FOR EMPLOYMENT

Private and Confidential

Position applied for:

Full – time Advanced Nurse Practitioner

How did you find out about the vacancy?

APPLICANT'S DETAILS

| | |
|---|---------------------------------------|
| Title | Dr/Mr / Mrs / Miss / Ms / Other |
| Forenames | |
| Surname | |
| Previous surnames | |
| Full private address | |
| Postcode | |
| Daytime phone no <i>May we contact you at work?</i> | Yes / No |
| Home phone no | |
| Mobile phone no | |
| Email address | |
| Nursing and Midwifery Council Number (if applicable) | |
| GMC No (if applicable) <i>Has the GMC or NMC placed any restrictions on you?</i> | Yes / No |
| Medical Defence Union Name and Number & Co <i>(if applicable)</i> | |
| Work Permit Details <i>(if applicable)</i> | |
| What salary are you seeking? | |
| When would you be available to start work? | |
| Do you have a clean current driving licence? | |

EDUCATION/TRAINING

| | |
|--|--|
| Schools attended after the age of 11 | |
| Details and results of examinations taken | |
| Further Education (university/college/evening classes etc) | |
| Qualifications attained | |

CURRENT OR MOST RECENT EMPLOYMENT

| | |
|-----------------------------|------------------------|
| Employer name | |
| Employer address + postcode | |
| Dates employed | Start date End date |
| Salary / rate of pay | |
| Job Title | |
| Duties/Responsibilities | |
| Reason for leaving | |

PREVIOUS EMPLOYMENT

| Dates | | Employer | | Job Title | Duties | Reason for leaving |
|-------|----|----------|---------|-----------|--------|--------------------|
| From | To | Name | Address | | | |
| | | | | | | |
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MORE ABOUT YOU

Please tell us more about your skills, experience and achievements - especially those that are relevant to the post you are applying for (continue on a separate sheet if necessary).

What are your spare time interests and hobbies?

REFERENCES

Please give details of two previous employers, one of which should be your current employer, whom we may approach for references. Your references will not be taken up unless you have been offered the position. (If necessary, one may be from an educational establishment.)

| 1 st Referee | | 2 nd Referee | |
|-------------------------|--|-------------------------|--|
| Name | | Name | |
| Address | | Address | |
| Telephone | | Telephone | |
| Occupation | | Occupation | |

YOUR HEALTH

Please tell us of any special provisions/adjustments that would need to be made in an interview environment?

CONVICTIONS

This employment is exempt from the provision of the Rehabilitation of Offenders Act 1974. You are therefore not entitled to withhold information requested by the Practice, about any previous convictions you may have, even if in other circumstances these would be regarded as 'spent' under the Act. Please note that the concealment of such information would result in dismissal.

If you can answer YES to any of the following 4 questions, please give details:

1. Have you ever been convicted of a criminal offence, been bound over or accepted a caution?

If YES, give details ...

2. Are you the subject of any police investigations, which may lead to a conviction, an order binding you over or a caution in the UK or any other country?

If YES, give details ...

3. Are you or have you ever been the subject of any fitness to practice proceedings by an appropriate licensing or regulatory body in the UK or other country?

If YES, give details ...

4. Are you or have you ever been the subject of any investigation by the National Health Counter Fraud Service in relation to a fraud?

If YES, give details ...

YOUR NEXT OF KIN

| | |
|---------------------|------------------------|
| Name | |
| Relationship to you | |
| Address | |
| Postcode | |
| Phone | Work Home Mobile |

YOUR EXISTING HOLIDAY PLANS

Do you have any holidays booked this year?

NO / YES

If YES please give the dates you will be away.

DECLARATION

I confirm that the information I have given in this form is, to the best of my knowledge and belief, true and correct.

Signature of applicant

Date

Data Protection Act: Personal data on this form will be kept and processed to select appropriate candidates. Access to this data will be restricted to people involved in the selection process.

RETURN YOUR COMPLETED APPLICATION TO :

Helen Goodman, Assistant Practice Manager, Wye Surgery, Oxenturn Road, Ashford, Kent, TN25 5AY.