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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application for the post of:** | | | | | | | | |
| **Date of Application:**  Please note all applications will be kept on file up to a maximum of 2ys from this date | | | | | | | | |
| **Where did you see the post advertised?:** | | | | | | | | |
| Our staff play a vital role in providing excellent services to our patients. To help achieve this we will train you to do your job and encourage you to look for every opportunity to use your skills and abilities. This is your opportunity to tell us as much as possible about yourself and will help us make a fair decision in the selection process. The Atrium Health Centre is an equal opportunities employer and all applications are welcomed and considered.  **Please ensure that you complete ALL sections to allow us to fully assess your application**. Your application will be treated in the strictest confidence. | | | | | | | | |
| **Personal Information:** | | | | | | | | |
| Mr / Mrs / Miss / Ms / Other; | | | Surname/Family Name; | | | | | |
| First Name(s); | | | e-mail address; | | | | | |
| Address; | | | Telephone Numbers;  Home;    Mobile; | | | | | |
| **General Education\Professional Qualifications:** | | | | | | | | |
| **Where Qualification Gained**  (continue on separate sheet if necessary) | | **Dates attended** | | **Qualifications gained**  Include GCSE/O levels, A levels or equivalent, NVQ’s, work based courses and any further education.  **NB – clinical staff to list all relevant courses attended** | | | | |
|  | |  | |  | | | | |
| Membership of Professional Organisations and Institutions: | | | | | | | | |
| Name\status: | | Date Achieved: | | | By Examination? (Yes/No): | | | |
| **Employment History:** | | | | | | | | |
| Name & Address of current (or last) employer | | Post Held + date started | | | Reason for Leaving\Salary  (+ date of leaving if applicable) | | | |
|  | |  | | |  | | | |
| Details of Main duties and responsibilities: (continue on separate sheet if necessary) | | | | | | | | |
| Name & Address of previous employer(s) (in last 10 years)  (continue on separate sheet if necessary) | | Post(s) Held and date(s) employed: | | | Reason(s) for Leaving: | | | |
|  | |  | | |  | | | |
| **Other Information:** | | | | | | | | |
| Please provide any additional information which is relevant to the post applied for. Explain why you would be a good applicant for the post, including any relevant experience, skills and knowledge you have to offer and personal qualities. This may include details of any public duties, community or voluntary work experience and languages spoken\written. Please continue on a separate sheet if necessary. | | | | | | | | |
| **Clinical Information:** | | | | | | | | |
| Please complete the following information **only if you are applying for a clinical role** | | | | | | | | |
| Heaf Test | | Date: | | | Result: | | | |
| BCG | | Date: | | | Is Scar Visible?: | | | |
| Tetanus | | Date: | | | Course\Booster: | | | |
| Polio | | Date: | | | Course\Booster: | | | |
| Rubella | | Date: | | | Tire Result: | | | |
| Hepatitis B Titre | | 1st:  2nd:  3rd: | | | 4th:  5th:  6th: | | | |
| Hepatitis B Tire | | Date:  Result: | | | **Please supply a copy of the Blood Report** | | | |
| **Please complete the following questions:** | | | | | | | | |
| Notice Period for current Employment  (If Applicable) | | |  | | | | | |
| Do you hold a current driving licence? | | | **Yes \ No**  Full \ Provisional | | | | | |
| Do you own your own car? | | | **Yes \ No** | | | | | |
| Outside Interests\Activities | | | | | | | | |
| Do you have any special needs\disabilities\medical conditions we should be aware of? | | | | | | | | |
| **All Applicants must complete this section:** | | | | | | | | |
| *Candidates should be aware that the role is an exception to the Rehabilitation of Offenders Act 1974, in that details of any criminal convictions, both spent and unspent, cautions, reprimands, and final warnings, and any other information that may have a bearing on the candidates suitability for the post must be declared as part of this application procedure*  *Only relevant convictions will be taken into account in assessing your suitability for this position.* | | | | | | | | |
| *Please note that an Enhanced Disclosure and Barring Service check may be undertaken prior to any offer of employment.*  Is there any other information which may have a bearing on your suitability to undertake this role? Examples may include police investigations or allegations made against you. | | | | | | **Yes** | | **No** |
| If “Yes”, please give details; | | | | | | | | |
| Have you ever been convicted by the courts, cautioned, reprimanded or given a final warning by the Police? | | | | | | **Yes** | | **No** |
| If “Yes”, give details of the offence(s) including dates and penalties imposed. Please note that further information may be required later (please complete on separate sheet if necessary). | | | | | | | | |
| **Date** | | **Nature of Offence\Penalties Imposed** | | | | **Date ‘Spent’** | | |
|  | |  | | | |  | | |
| **Referees:** | | | | | | | | |
| Please supply the names and addresses of two referees (one of whom may be a personal referee).  Please Note – Your current employer will not be contacted without your prior consent. | | | | | | | | |
| **Referee 1** - Name: | | | Job Title: | | | | | |
| Telephone Number; | | | e-mail address; | | | | | |
| Address; | | | How does this person know you;  May we contact prior to interview:  Yes ⬜ No ⬜ | | | | | |
| **Referee 2** - Name: | | | Job Title: | | | | | |
| Telephone Number; | | | e-mail address; | | | | | |
| Address; | | | How does this person know you;  May we contact prior to interview:  Yes ⬜ No ⬜ | | | | | |
| **Ethnicity:** | | | | | | | | |
| *To promote equality of application we would be grateful if you would circle the relevant box showing your ethnicity.* | | | | | | | | |
| British | African | Bangladeshi | Caribbean | | Chinese | | Indian | |
| Irish | Other | Other Asian | Other Black | | Other Mixed | | Other White | |
| Pakistani | W&B African | W&B Caribbean | White Asian | | Refuse to divulge | | | |
| **Declaration:** | | | | | | | | |
| I understand that any employment, if offered, will be subject to the information on this form being correct and I can confirm that no valid information has been wilfully withheld. I understand that if I am appointed, I am liable to dismissal without notice if the information on this form is later proved to be inaccurate.  I hereby give my consent for The Atrium Health Centre to keep on file information (including health and equalities data) from this form and any attached documents. This is required for recruitment and equal opportunities monitoring purposes, the payment of staff and the prevention and detection of fraud. All information will be dealt with in accordance with data protection legislation.  **Signed:…………………………………………………………………………………. Date:……………………………………….**  If returning application by email you will be asked to sign a copy of this document before any offer of employment is made. | | | | | | | | |
| If you are successful you will be asked to prove your identity via a passport or photo driving licence and 2 proofs of address. Should you require a work permit you will also be asked to produce the original as proof of eligibility to work in the UK.  Nursing staff will be asked to produce a copy of current NMC Registration (PIN number) together with a copy of Hep B status. | | | | | | | | |
| **Please return application to:** | | | | | | | | |
| Mrs Jill Rice  The Atrium Health Centre, 7 Weymouth Avenue, Dorchester, DT1 1QR  [jill.rice@dorsetgp.nhs.uk](mailto:jill.rice@dorsetgp.nhs.uk) (where possible please e-mail applications) | | | | | | | | |