

JUBILEE MEDICAL GROUP

Serving the populations of Longfield and New Ash Green, Kent

Post Applied for:

Job Application Form

Closing Date:

Please complete this form fully using black ink or type. C.V.s are not accepted without a completed application form. Applications received after the closing date will not normally be considered.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE

Section 1 Personal details

Last Name:

First Name:

Address:

Postcode:

Home Telephone N^o:

National Insurance N^o:

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>
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Daytime Telephone N^o:

Mobile Telephone N^o:

E-mail address:

Can we contact you whilst at work?

Yes

No

Are you free to remain and take up employment in the UK with no current immigration restrictions?

Yes

No

Driving Licence – if relevant to post applied for

Do you hold a full, clean driving licence valid in the UK? Yes

No

Section 2 Present Employment

Present Employment (If now unemployed give details of last employer)

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment:

Salary:

Department / Section:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice:

Last day of service

(if no longer employed):

Reason for leaving:

Section 3 Previous Employment

Previous Employment (most recent employer first). Please cover the last 10 years and state nature of business

Name of Employer:

Address:

Postcode

Date to & from:

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode

Date to & from:

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode

Date to & from:

Position Held:

Summary of duties:

Reason for leaving:

Continue on a separate sheet if necessary

Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

Professional or Management Qualifications

Please give details:

Professional/Technical/ Management Qualifications	Course Details

Membership of any Professional Associations- Please state level of Membership:

Continue on a separate sheet if necessary

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Continue on a separate sheet if necessary

Section 6 Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the position you have applied for. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

Section 7 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offenders act 1974?

Yes

No

If yes, please give details / dates of offence(s) and sentence:

Section 8 Protecting Adults & Children

The following information will be required for the post you are applying for as a requirement for a Disclosure and Barring Service police check.

For DBS Enhanced Checks

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post?

Yes

No

Section 9 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application?

Yes

No

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview?

Yes

No

If yes, please give details:

Section 12 Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Practice purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM.

What is your Ethnic Group?

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A. White

White UK

Irish

White non-UK

Any other White background
(please give details):

B. Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed background
(please give details):

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background
(please give details):

D. Black or Black British

Black Caribbean

Black African

Any other Black background
(please give details):

E. Chinese or other ethnic group

Chinese

Vietnamese

Any other ethnic background
(please give details):

F. I do not wish to provide this information

Section 12 Recruitment Monitoring Form continued

Gender

Male

Female

Disability

Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”.

Do you consider yourself disabled?

Yes

No

If yes, please give details:

Present Status

Internal Applicant

External Applicant

Age Group

16-25

26-35

36-45

46-55

56-65

66-70

Over 70

Media

Please state where you saw this post advertised

For Office Use Only:

Start Date:

Section 13 Declaration

Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I have read the job description and person specification and, if appointed, am prepared to accept the terms and conditions of employment.

Signed:

Date:

(NB. Candidates selected for interview will normally be notified within three weeks of the closing date. Unfortunately, applicants who do not hear from Jubilee Medical Group must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in this post. If you would like to know if we have received your application form, please email us as below.

Jubilee Medical Group undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act.

If you are returning this form by email, you will be asked to sign your application at interview.

RETURNING THIS FORM



By Hand or Post:

FAO –Una Barter, Office Manager
Jubilee Medical Group
Kent House surgery
36 Station Road
Longfield
Kent DA3 7QD

By E-Mail:

una.barter@nhs.net