

**APPLICATION FOR EMPLOYMENT**

Please fill in the application form below. Do not type/write using only capital letters and please remember to check it carefully, as once the form has been submitted it cannot be changed. Please note that questions marked with an asterisk \* are mandatory and therefore must be answered.

**Details entered in this part of the form will be held by Human Resources. Access to this information will be withheld from the shortlisting panel. When you have completed your application please return by email to aspen.riskandcompliance@nhs.net or by post to:**

**Risk and Compliance Department, Aspen Medical Practice, Horton Road, Gloucester. GL1 3PX, marked APPLICATION – PRIVATE AND CONFIDENTIAL.**

|  |  |
| --- | --- |
| Job Reference Number |  |
| Job Title |  |
| Department |  |

**Personal Details**

|  |  |
| --- | --- |
| Title |  |
| \*Surname/Family Name |  |
| \*First Name |  |
| Middle Name |  |
| Name in which you are registered with a professional body (if applicable) |  |
| E mail Address |  |
| Address |  |
| \*Postcode |  |
| \*Country |  |
| Home Telephone |  |
| Mobile Telephone(only if UK registered) |  |
| Work Telephone  |  |
| Preferred telephone number | 🞎 Home 🞎 Mobile 🞎 Work |

**APPLICATION FOR EMPLOYMENT**

**Details entered in this part of the form will be held by HR and will be made available to the short-listing panel.**

|  |  |  |  |
| --- | --- | --- | --- |
| Job Reference Number |  |  |  |
| Job Title |  |
| Department |  |

**Education & Professional Qualifications**

|  |
| --- |
| All relevant qualifications. Please also indicate subjects currently being studied. All qualifications disclosed will be subject to a satisfactory check. |
| Subject/Qualification | Place of Study | Awarding Body | Grade/result |
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**Training Courses Attended**

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| --- |
| Training courses that you have attended or details of courses that you are currently undertaking, together with the date to be completed. |
| Course Title | Training Provider | Duration | Year obtained |
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**Membership of Professional Bodies**

Please provide details regarding any relevant professional registrations or memberships. This information will be subject to a satisfactory check. **Please provide GMC Registration number / NMC Pin number if applicable.**

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**Employment History**

Please record below the details of your full employment history beginning with your current or most recent first. If required, please provide additional information regarding your employment history within the 'Supporting Information' section.

**Current / most recent employer**

|  |  |
| --- | --- |
| Employer Name  |  |
|  Address |  |
|  Type of Business |  |  Telephone |  |
|  Job Title |  |
|  Start Date *(MM/YYYY)* |  |  End Date *(MM/YYYY)* |  |
| Salary |  |  Period of notice |  |
|  Reason for leaving\* (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

**Previous Employer 1**

|  |  |
| --- | --- |
| Employer Name  |  |
|  Address |  |
|  Type of Business |  |  Telephone |  |
|  Job Title |  |
|  Start Date *(MM/YYYY)* |  |  End Date *(MM/YYYY)* |  |
| Salary |  |  Period of notice |  |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

**Previous Employer 2**

|  |  |
| --- | --- |
| Employer Name  |  |
|  Address |  |
|  Type of Business |  |  Telephone |  |
|  Job Title |  |
|  Start Date *(MM/YYYY)* |  |  End Date *(MM/YYYY)* |  |
| Salary |  |  |  |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

**Previous Employer 3**

|  |  |
| --- | --- |
| Employer Name  |  |
|  Address |  |
|  Type of Business |  |  Telephone |  |
|  Job Title |  |
|  Start Date *(MM/YYYY)* |  |  End Date *(MM/YYYY)* |  |
| Salary |  |  |  |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

**Previous Employer 4**

|  |  |
| --- | --- |
| Employer Name  |  |
|  Address |  |
|  Type of Business |  |  Telephone |  |
|  Job Title |  |
|  Start Date *(MM/YYYY)* |  |  End Date *(MM/YYYY)* |  |
| Salary |  |  |  |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

**Previous Employer 5**

|  |  |
| --- | --- |
| Employer Name  |  |
|  Address |  |
|  Type of Business |  |  Telephone |  |
|  Job Title |  |
|  Start Date *(MM/YYYY)* |  |  End Date *(MM/YYYY)* |  |
| Salary |  |  |  |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

**Previous Employer 6**

|  |  |
| --- | --- |
| Employer Name  |  |
|  Address |  |
|  Type of Business |  |  Telephone |  |
|  Job Title |  |
|  Start Date *(MM/YYYY)* |  |  End Date *(MM/YYYY)* |  |
| Salary |  |  |  |
|  Reason for leaving (if applicable) |
|  |
|  Brief description of your duties and responsibilities |
|  |

**Please add additional employers/information on a separate sheet.**

**Employment Gaps**

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| If you have any gaps within your employment history, please state the reasons for the gaps below. |
|  |

**References**

Please provide the names and full contact details of the people who have agreed to supply references. References must include at least two positions with separate employers and, as a minimum, cover a period of three years employment and/or training history, where this is possible.

Referees will be required to comment on your competence, personal qualities and suitability for the post. This may be your line/department manager, or someone in a position of responsibility for any work experience or placement undertaken. If you are a student or trainee this should include a teacher/tutor at your education institution.

If you have not been in employment for a considerable amount of time but have had previous employment, then you should seek one reference from your last known employer and a personal reference from a person of standing within your community such as a doctor, solicitor or MP. Where it is genuinely not possible to obtain references from any of the sources outlined above, you must provide contact details of two personal acquaintances who would be willing to give a reference. Personal acquaintances must not be related to you or have any financial arrangement with you.

Please note that all reference requests will be followed up and verified.

**Referees may be approached prior to interview, unless you indicate otherwise overleaf.**

**Referee 1**

|  |  |
| --- | --- |
| \* Type of Reference | 🞎 Employer 🞎 Educational 🞎 Personal |
| Title |  |
| \*Surname/Family name |  | \* First Name |  |
| \*Relationship |  |
| Employer Name |  |
| Referee Job Title |  |
| \*Address |  |
| \*Postcode/ Zip Code |  |
| Telephone |  | \*Country |  |
| Email |  | Fax |  |
| \*Can the referee be contacted prior to interview? | 🞎 Yes 🞎 No |

**Referee 2**

|  |  |
| --- | --- |
| \* Type of Reference | 🞎 Employer 🞎 Educational 🞎 Personal |
| Title |  |
| \*Surname/Family name |  | \* First Name |  |
| \*Relationship |  |
| Employer name |  |
| Referee Job Title |  |
| \*Address |  |
| \*Post Code/ Zip Code |  |
| Telephone |  | \*Country |  |
| Email |  | Fax |  |
| \*Can the referee be contacted prior to interview? | 🞎 Yes 🞎 No |

**Supporting Information**

In this section please give your reasons for applying for this post and additional information which demonstrates that you have read the published person specification and how you meet the essential and (where relevant) desirable criteria for this particular position. This can include relevant skills, knowledge, experience, voluntary activities, training etc.

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| --- |
| \* Supporting information (Please continue on additional sheets if required). |
| **Declaration**The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details.

|  |
| --- |
| I agree to the above declaration |
| Signature |  |
| Name |  | Date |  |

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