



JOB APPLICATION FORM

Please complete this form in your own handwriting, using black ink.

Post: GDC Registered Dental Nurse

Your normal hours of work would be:

Monday - Wednesday 8.30am - 5.30pm

Thursday 8.30am - 6.00pm

Friday 8.00am - 4.00pm

You may be required to work additional hours as per the needs of the practice.

A DBS check will be required for any successful applicant.

GENERAL INFORMATION

Name

Address

.....

.....

Telephone Number (Daytime)

(Evening)

E-mail.....

Do you need a work permit? YES/NO

(Photographic proof of ID will be required if you are offered an interview)



EDUCATION HISTORY (SINCE AGE 11)

Schools/colleges/universities attended

Qualifications gained (subjects and grades)

DENTAL QUALIFICATIONS

OTHER QUALIFICATIONS



COURSES ATTENDED – Dental and Non-Dental (for example CPR, Practice Management, Dental Receptionist Programme)

COURSE TITLE

GDC REGISTRATION NUMBER.....

MEMBERSHIP OF PROFESSIONAL ORGANISATIONS



EMPLOYMENT HISTORY (Most recent first)

DATES	EMPLOYER'S NAME AND ADDRESS	POST HELD AND MAIN DUTIES	REASON FOR LEAVING



FURTHER INFORMATION

Please use this space to tell us why you are applying for this post and the skills and experience you will bring to it.

Continue on a separate sheet if necessary and then staple it to the form.



REFERENCES

Please give the names and addresses of two people we may approach for a reference. One of these referees must be your most recent employer:

Name:

Name:

Address:

Address:

.....

.....

.....

.....

Tel:

Tel:

Position:

Position:

I am willing/I am not willing for my referee to be contacted prior to the interview.

I am willing/I am not willing for my referee to be contacted prior to the interview.

PLEASE RETURN THIS FORM TO:

Dental Nurse Job Application
Birchwood Dental Practice
21 Benson Road
Birchwood
Warrington
WA3 7PQ

Closing date: Tuesday 28th April 2015