

The Robert Darbishire Practice Ltd

**MEDICAL RECEPTIONIST
JOB APPLICATION FORM**

Please complete all sections of the application form. A curriculum vitae and other relevant information will only be considered alongside the completed form. Please type or write clearly in black ink.

Vacancy Details	
Post(s) Applied for:	Write your order of preference in the box next to each post (e.g. 1, 2, 3). If you do not wish to be considered for a particular post, leave its box blank.
<input type="checkbox"/> Post 1 (25 hours pw)	<input type="checkbox"/> Post 2 (full-time) <input type="checkbox"/> Post 3 (full-time, fixed term)
How did you hear about this vacancy?	If newspaper / web site please be specific.

Personal Details			
Title			
Surname			
Forename(s)			
Address for correspondence			
		Postcode:	
Telephone	Home:	Work:	
	Mobile:	Other:	
Email address			
Fax			
Other contact			
Doctors: GMC no. Nurses: PIN no.			
National Insurance no.			
Do you need a work permit to take up this appointment?	YES / NO	Are you a UK or EU/EEA national?	YES / NO
Please give details of any dates that you would not be available for interview:			

Education

Please continue on a separate sheet if necessary
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Secondary School

Name and Address of School	From	To	Qualification gained, subject, grade and date

Further, Higher and/or Professional Education
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Name and address of College / University	From	To	Qualification gained, subject courses studied and grade

Professional Memberships and Awards
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Name of institution / organisation, grade of membership and date of award

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Vocational or Other Training Courses			
Name of institution, nature of course and date			

Current Employment			
Name, Address and Telephone No of Employer	Date(s) employed	Salary and Review Date	Position held
Outline of duties and responsibilities:			
Notice period:			
Reason for leaving:			

Former Employment			
Please list in date order, with your most recent post first			
Name, Address and Telephone No of Employer	Dates(s) employed	Position held and outline of duties and responsibilities	Reason for leaving

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Criminal Convictions	
As this post is exempt under the Rehabilitation of Offenders Act 1974, you must declare all convictions, even those that would otherwise be “spent”. The post may also require a check with the Criminal Records Bureau (CRB).	
Have you ever had any criminal convictions?	Yes / No
If yes, please give details:	

Additional supporting information
Please state how your experience enables you to satisfy each of the criteria on the person specification. Continue on a separate sheet if necessary.

References		
Please supply the name and address of three persons from whom references may be requested. Referee 1 must be your current or most recent employer. The others must be from people who are able to comment on your aptitude for the post.		
Referee 1	Name	
	Position	
	Telephone	
	Address	
	Email	
May we contact this referee prior to interview?		Yes / No
Referee 2	Name	
	Position	
	Telephone	
	Address	
	Email	
May we contact this referee prior to interview?		Yes / No
Referee 3	Name	
	Position	
	Telephone	
	Address	
	Email	
May we contact this referee prior to interview?		Yes / No

I declare that the information contained in this application is correct to the best of my knowledge and understand that any false statement or omission may result in my application being withdrawn or my appointment being terminated. Any information provided will be stored in electronic and manual form. This information will be used for all purposes relating to the selection process and will be disclosed to relevant persons. For the successful candidate, the information will form part of the personal, confidential record.

Submitting the form electronically will be taken as acceptance of the terms of this declaration.

Signature: Date:

Please return the completed application form as directed on the vacancy information.