

**Job Application Form**

We’re delighted that you’re interested in a position with us. Please complete as much of this form as you are able to. It may affect your consideration if information is missing from this application. Please contact us if you have any questions about the position you’re applying for.

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| Section 1 – We’d love to know more about you! | |
| Position Applied For |  |
| Date Of Application |  |
| First Name |  |
| Last Name |  |
| Date Of Birth |  |
| Address |  |
| Telephone (Home) |  |
| Telephone (Mobile) |  |
| Email Address |  |
| NI Number |  |

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| Section 2 – Provide us with your right to work in the UK… | | | |
| You must bring the original documentation stated below if invited to an interview as evidence of your entitlement to work in this country. Failure to do so will invalidate your application. Please confirm (tick) which of the following you have. | | | |
| British passport or UK birth certificate. |  | Passport showing right to live and work in the UK. |  |
| Non-European passport with relevant work visa. |  | Certificate of registration or naturalisation as a British citizen. |  |
| EEC passport or identity card and work registration letter. |  | Other document that supports your eligibility to work in the UK. |  |

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| Section 3 – Have you got what it takes to work with us? |
| Tell us top three qualities that you have will suit the position you’re applying for. |
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| Tell us three ways you’d deliver an outstanding service to our patients. |
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| How does this position you’re applying for fit into your career and future? |
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| Why do you want to work for us? |
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| Section 4 – Where have you studied? | | |
| Educational Institute | Dates Attended | Qualifications Achieved |
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| Section 5 – What do you do? | |
| If you’re applying for your first job or are returning from a gap in your employment, please indicate this below and skip to section 7. You’ll have a chance to share what else you have been up to. | |
| Current Employer |  |
| Current Position |  |
| Date Commenced |  |
| Main Duties |  |
| Rate Of Pay |  |
| Reason For Leaving |  |
| Manager’s Name |  |
| Manager’s Email |  |
| Manager’s Telephone |  |

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| Section 6 – What have you done before? | |
| Previous Employer 1 | |
| Previous Employer |  |
| Previous Position |  |
| Dates Employed |  |
| Main Duty |  |
| Reason For Leaving |  |
| Manager’s Name |  |
| Manager’s Email |  |
| Manager’s Telephone |  |
| Previous Employer 2 | |
| Previous Employer |  |
| Previous Position |  |
| Dates Employed |  |
| Main Duty |  |
| Reason For Leaving |  |
| Manager’s Name |  |
| Manager’s Email |  |
| Manager’s Telephone |  |
| Previous Employer 3 | |
| Previous Employer |  |
| Previous Position |  |
| Dates Employed |  |
| Main Duty |  |
| Reason For Leaving |  |
| Manager’s Name |  |
| Manager’s Email |  |
| Manager’s Telephone |  |
| Previous Employer 4 | |
| Previous Employer |  |
| Previous Position |  |
| Dates Employed |  |
| Main Duty |  |
| Reason For Leaving |  |
| Manager’s Name |  |
| Manager’s Email |  |
| Manager’s Telephone |  |

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| Section 7 – What else have you been involved in? |
| This is an opportunity for you to tell us about your hobbies, interests and any community work you might have done. Please include information about any work experience or justify any gaps in employment. Let us know if you’re already involved with Westbury Group Practice at all. |
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| Section 8 – Who’ll vouch for you? | | | |
| Please give us the names of at least two people, not related to you, who can be contacted to provide a reference. At least one must be work related. If you would like to provide your current or a previous employer, please indicate below. | | | |
| Name | Relationship | Email Address | Telephone Number |
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| Section 9 – I’m sure you understand we have to ask… |
| Have you ever been convicted of a criminal offence which is not a spent conviction within the terms of the Rehabilitation of Offenders Act 1974? If yes, please give full details. |
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| Section 10 – Sign here! | | |
| Declaration | My signature confirms that all the information given on this application form is true and complete. I understand that any falsification or deliberate omissions may disqualify my application or lead to my dismissal. I confirm that I am entitled to work in the UK & Ireland and can provide original documentation to confirm this. I understand that my employment is subject to references that are satisfactory to Westbury Group Practice. By completing this application I consent to Westbury Group Practice contacting me via the communication methods I have listed. | |
| Applicant’s Name |  | |
| Signed & Date |  |  |

Thank you for taking the time to complete this form! Please also attach your CV if available.

Applications can either be completed digitally and emailed to Sam Rawlings (HR & Site Manager) at sam.rawlings@nhs.net or printed and posted to: Sam Rawlings, HR and Site Manager, Westbury Group Practice, White Horse Health Centre, Mane Way, Westbury, Wiltshire, BA13 3FQ. Sam may also be contacted to discuss questions you may have about advertised positions.

We may contact you to discuss your application further. If you do not hear from us to arrange an interview on the advertised date your application has not been selected for interview and therefore unsuccessful. However we will retain your application for the entirety of the recruitment and selection process should other candidates be unsuitable. We will not consider this application for similar positions advertised in the future.