

**EMPLOYMENT APPLICATION FORM
TWEEDDALE MEDICAL PRACTICE**

Candidate Reference No:

POSITION APPLIED FOR: _____

The following information will be treated in the strictest confidence.

PERSONAL

(Please complete this section in BLOCK CAPITALS)

THIS POST IS SUBJECT TO DISCLOSURE SCOTLAND

Surname:	First Name(s):
Address:	

Private Tel. No:	
Business Tel. No:	
Date of Birth:	
National Insurance No.:	

DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal.

At interview, sight of photographic evidence will be requested to confirm your personal identification and documentation confirming your right to work in the UK.

Signature:	Date:
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Are there any circumstances which may limit your availability to work or your working hours?	YES/NO
If YES, please give full details.	
Are you subject to any restrictions or covenants which might restrict your working activities?	YES/NO
If YES, please give full details	
Are you willing to work overtime and weekends if required?	YES/NO
Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?	YES/NO
If YES, please give full details	
Have you ever worked for this business before?	YES/NO
Are you related to any person employed by this business?	YES/NO
If YES, please give full details:	
Have you applied for employment with this business before?	YES/NO
Do you need a work permit to take up employment in the UK?	YES/NO
If yes, please give full details	
How much notice are you required to give to your current employer?	

EDUCATION

Schools attended since age 11	Examinations and Results	
College or University	Courses and Results	
Further Formal Training	Diploma/Qualification	
Job related Training Courses Name of Organisation	Date	Subject

Please give details of membership of any technical or professional associations.

EMPLOYMENT DETAILS

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

PRESENT OR LAST EMPLOYER

Are you currently employed? YES/NO

Name of present or last employer:			
Address			
Telephone No:			
Nature of Business			
Job title and a brief description of your duties:			
Length of Service:	From:	To:	

I.T. EXPERIENCE

Please detail your qualifications/skills/experience with regards to the use of I.T. systems and software packages

SUPPLEMENTARY INFORMATION

Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths.

REFERENCES

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made?

YES/NO

Name:	Name:
Position:	Position:
Address:	Address:
Email Address:	Email Address:
Tel. No.:	Tel. No.:

SOURCE OF APPLICATION

How did you hear of this vacancy?

Completed applications should be returned to:

Mrs Helen Carmichael
Administrator
Tweeddale Medical Practice
Fort William Health Centre
Camaghael
FORT WILLIAM PH33 7AQ
Email to: helencarmichael@nhs.net