

# APPLICATION FOR EMPLOYMENT WITH PUDDLETOWN SURGERY

<b>Job Title:</b>	<b>Salary Range:</b>	<b>Closing Date:</b>
-------------------	----------------------	----------------------

## Personal Information

<b>Title:</b>	<b>Forename(s):</b>	<b>Surname:</b>
<b>Employment Type:</b>		
<b>Home Address:</b>	<b>Correspondence Address (if different):</b>	
<b>Home telephone:</b> <b>Mobile:</b> <b>Work telephone:</b> <b>May we contact you at work</b> <b>Yes / No</b>	<b>Mobile:</b> <b>Fax number:</b> <b>E-mail:</b> <b>May we contact you by E-mail</b> <b>Yes / No</b>	
<b>Emergency Contact Details:</b> <b>Name:</b> <b>Address:</b>	<b>Telephone (home)</b> <b>Telephone (work)</b> <b>Mobile</b> <b>Relationship:</b>	
<b>National Insurance No.</b> If you are not a UK national you may not be eligible to work in the UK without a Work Permit, or a Right to Work Visa. Please indicate if you require    A Work Permit: <b>Yes / No</b> A Right to Work Visa: <b>Yes / No</b>  Please supply details of any permit currently held including number, validity, and expiry date.		

### Education & Professional Qualifications

Include in this section all the relevant qualifications. Please also indicate subjects currently being studied

Subject / Qualification	Place of Study	Grade / Result	Year

### Training Courses Attended in the last five years

Include in this section any relevant training courses that you have attended or details of courses you are currently undertaking.

Course Title	Training Provider	Duration	Date Completed

### Membership of Professional Bodies

Include in this section any relevant professional registrations or memberships

Professional Body	Membership or Registration Type	Membership / Registration PIN	Expiry / Renewal Date

**Employment History**

Please record below the details of your current or most recent employer

Employer Name			
Address			
Type of Business		Telephone	
Job Title		Employment Type	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Start Date		End Date	
Salary		Notice Period	
Reason for Leaving (if Applicable)			
Description of your duties and responsibilities			

**Previous Employment**

Please record below the details of your previous employment beginning with the most recent first. Please explain any gaps in employment in the Supporting Statement section. Please add additional employers / information on a separate sheet

**Previous Employer 1**

Employer Name			
Address			
Type of Business		Telephone	
Job Title		Employment Type	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Start Date		End Date	
Salary			
Reason for Leaving (if Applicable)			
Description of your duties and responsibilities			

**Previous Employment**

Please record below the details of your previous employment beginning with the most recent first. Please explain any gaps in employment in the Supporting Statement section. Please add additional employers / information on a separate sheet

**Previous Employer 2**

Employer Name			
Address			
Type of Business		Telephone	
Job Title		Employment Type	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Start Date		End Date	
Salary		Notice Period	
Reason for Leaving (if Applicable)			
Description of your duties and responsibilities			

**Previous Employment**

Please record below the details of your previous employment beginning with the most recent first. Please explain any gaps in employment in the Supporting Statement section. Please add additional employers / information on a separate sheet

**Previous Employer 3**

Employer Name			
Address			
Type of Business		Telephone	
Job Title		Employment Type	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Start Date		End Date	
Salary			
Reason for Leaving (if Applicable)			
Description of your duties and responsibilities			

**Previous Employment**

Please record below the details of your previous employment beginning with the most recent first. Please explain any gaps in employment in the Supporting Statement section. Please add additional employers / information on a separate sheet

**Previous Employer 4**

Employer Name			
Address			
Type of Business		Telephone	
Job Title		Employment Type	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Start Date		End Date	
Salary			
Reason for Leaving (if Applicable)			
Description of your duties and responsibilities			

**Additional Personal Information**

Do you have a valid driving licence for the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Motorbike (A) <input type="checkbox"/> Car (B) <input type="checkbox"/> Car with Trailer (B & E) <input type="checkbox"/> Medium Sized Vehicle (C1)
Please specify the vehicle category for which you hold a licence	<input type="checkbox"/> Medium sized Vehicle with Trailer (C1 +E) <input type="checkbox"/> Minibus (D1)
	<input type="checkbox"/> Minibus with Trailer (C1 + E) <input type="checkbox"/> Large Goods Vehicle (C) <input type="checkbox"/> Large Goods Vehicle with Trailer (C+ E) <input type="checkbox"/> Passenger Carrying Vehicle (D) <input type="checkbox"/> Passenger Carrying Vehicle with Trailer (D+E)
Do you have access to a vehicle which can be used to travel to and from work	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Supporting Statement**

In this section please give your reasons for applying for a post at Puddletown Surgery and any information you feel is relevant about your skills and experience for the post. This can include any information you wish to share about your personal life skills, hobbies or any relevant voluntary work – as well as any information about you in an employed capacity.

[Empty box for supporting statement]

**Health Declaration**

What absences from work have you had in the last 2 years?

Total days absent.....

Number of occasions.....

**References**

Please give the names of people who have agreed to supply references. For all positions you must provide **2** references. If you are, or have been employed, these should be your two most recent employers. These may include your line manager or someone in a position of responsibility who can comment on your work experience, competence, personal qualities and suitability for the post. Please note that personal references such as friends and relatives are not acceptable. Referees will **not** be approached prior to interview.

**Referee 1**

Surname		First Name	
Company			
Job Title			
Address			
Post Code		Country	
Telephone		Fax	
Email			
Relationship			

**Referee 2**

Surname		First Name	
Company			
Job Title			
Address			
Post Code		Country	
Telephone		Fax	
Email			
Relationship			

## Rehabilitation of Offenders Act

Posts at Puddletown Surgery are exempt from the Rehabilitation of Offenders Act 1974. Applicants are not entitled to withhold any information about convictions which for other purposes are "Spent" under the provisions of the Act and in the event of employment any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be considered only in relation to posts to which the order applies. Disclosure of a conviction does not automatically exclude applicants from consideration.

Have you at any time received, or had pending, a court conviction?     Yes     No

If yes, please give details

## DBS Checks

All successful candidates will require an enhanced DBS funded by Puddletown Surgery.

## Vaccination as a Condition of Deployment (VCOD) for Healthcare Workers

All successful candidates will be required to show evidence that that have been vaccinated with a complete course of an authorised vaccine against COVID-19, or that you satisfy one of the regulations' specific exemptions and conditions.

For further information

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2022/01/C1545-update-vcod-for-healthcare-workers-phase-2-implementation.pdf>

## Declaration

You are required to sign the declaration below certifying that all the information you have provided is accurate.

Providing incorrect information or deliberately concealing any relevant facts may result in disqualification from the selection process or, where discovery is made after an appointment, in summary dismissal.

*I declare the information on this form is correct and I have omitted nothing that, to the best of my knowledge, might affect this application.*

*Signature*

When completed please forward to:

Clare Stickland

Practice Manager  
Puddletown Surgery  
Athelhampton Road  
Puddletown  
Dorchester  
Dorset DT2 8FY

[clare.stickland@dorsetgp.nhs.uk](mailto:clare.stickland@dorsetgp.nhs.uk)

**Where did you see our Advertisement:**

(Please Tick)

- Puddletown Surgery Website
- Primary Care Recruitment (Dorset CCG)
- NHS Jobs Website
- Wessex FM
- Nursing Standard
- Indeed website
- Dorset Evening Echo
- Blackmore Vale Magazine
- Other Source (Please state which one).....  
.....