

# Portland Practice Employment Application Form

Name:  
Address:

Post applied for: **Medical Administrator**

Preferred number of hours (per week):

**Employment History**

(Please give details of your current or most recent employment)

Employer (name & full address)	Job held and main duties/responsibilities	From	To	Salary/Grade	Reason for leaving

**Please give details of any gaps in your employment history**

**Description of key duties and responsibilities of current (or most recent) role**

## **Relevant skills and experience**

Please use the space below to explain why you are applying for the position and how your experience (whether paid or unpaid), personal qualities and skills help to make you a suitable candidate.

Please provide us with details that demonstrate how you meet the criteria for knowledge and experience, technical skills and personal/behavioural attributes on the person specification. This will help us decide whether to invite you to the next stage of the selection process.

## Relevant skills and experience continued

### Education/Qualification

Qualification Taken	Year	Grade	Date	Name of Educational Establishment

### Training and Development

Please provide details of all training and development undertaken relevant to this position within the last three years. Please include details of any membership of professional organisation relevant to this position.

Year Course Taken	Course Title	Date	Outcome – grade achieved where relevant

## **Criminal Convictions**

**For positions working with children, families and vulnerable adults.**

Have you ever been convicted of a criminal offence?

**Yes**

**No**

Is the offence "spent" as defined by the Rehabilitation of Offenders Act 1974?

**Yes**

**No**

Do you have a criminal conviction which is unspent?

**Yes**

**No**

Are you related to or have a close relationship with any existing employee of the Practice?

**Yes**

**No**

**If yes, please provide details of their name, job title and your relationship to them.**

**References**

**Please give details of two referees, one of whom must be your present and/or last employer and the other from a previous employer. Your referees must have knowledge of your work and character.**

In the case of applicants leaving full time education or not having worked since doing so, the Head of School, College or University should be one of the named referees. We do not accept references from family members.

**To ensure we process your application in a speedy and efficient way, we may contact your referees by e-mail. Therefore, please provide us with details of both your referee's postal and e-mail addresses.**

<p><b>Referee One: This referee must either be your current or previous employer</b></p> <p>If you are invited for interview may we approach this referee without further reference to you?</p> <p style="text-align: right;">Yes      No</p> <p>Name: _____</p> <p>Job title: _____</p> <p>Address: _____</p> <p>_____</p> <p>Post Code: _____</p> <p>Relationship to you: _____</p> <p>Telephone No: _____</p> <p>Email: _____</p>	<p><b>Referee Two:</b></p> <p>If you are invited for interview may we approach this referee without further reference to you?</p> <p style="text-align: right;">Yes      No</p> <p>Name: _____</p> <p>Job title: _____</p> <p>Address: _____</p> <p>_____</p> <p>Post Code: _____</p> <p>Relationship to you: _____</p> <p>Telephone No: _____</p> <p>Email: _____</p>
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## Personal Details

Please ensure that you complete this section fully as this will enable us to contact you if you are invited to the next stage of the process.

First Name:	Title:
Surname:	
Former name(s):	
Address:	
Post code:	Tel no:
Mobile no:	Email Address:

**To help us monitor the success of our advertising, please state where you saw this position advertised.**

I certify that the information given by me on this Application Form is true to the best of my knowledge and I understand that if I am appointed and such information is subsequently found to be materially incorrect, the Practice will be entitled to terminate my employment without notice.

To comply with the Equality Act 2010, we have not requested information about your sickness absence record. You should be aware that regular attendance at work is an essential requirement of this role and therefore we will be seeking confirmation of your sickness absence record with your current or past employer should you be offered the position.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please forward completed application forms to:  
Steve Eckford, Reception Manager, Portland Practice  
Email: [stephen.eckford@nhs.net](mailto:stephen.eckford@nhs.net) (preferred)**

**or**

**St Paul's Medical Centre, 121 Swindon Road, Cheltenham, Glos GL50 4DP**

## Equal Opportunities in Employment

The Practice is committed to having a workforce that reflects the diverse make up of the communities in Gloucestershire. To help us achieve this objective, job applicants are asked to provide particular information so that we have an accurate picture of our workforce. The information will also allow us to monitor our employment practices, to ensure that we do not unlawfully discriminate and help us to develop inclusive policies.

Please complete this part of the application form so that we can check whether we are, in fact, receiving applications from all sections of the community, that candidates receive fair and equal treatment at all stages and that we comply with the relevant legislation.

**This monitoring form will be separated from the rest of the application form immediately on receipt and before the selection of candidates for interview takes place. The information you give is confidentially managed and does not affect your application. It will greatly assist us if you provide as much information as possible, but you are not obliged to do so.**

### What is your ethnic group?

◆ Choose one section from (a) to (e) then tick the appropriate box to indicate your cultural background:

#### (a) White

- British  
 Irish  
 Any other White background  
*Please write in below*

#### (b) Mixed

- White and Black Caribbean  
 White and Black African  
 White and Asian  
 Any other mixed background  
*Please write in below*

#### (c) Asian or Asian British

- Indian  
 Pakistani  
 Bangladeshi  
 Any other Asian background  
*Please write in below*

#### (d) Black or Black British

- Caribbean  
 African  
 Any other Black background  
*Please write in below*

#### (e) Chinese or Other ethnic

- Chinese**  
 Any other  
*Please write in below*

#### Would rather not state

Do you consider yourself to have a disability? Yes  No  Would rather not state

### Which of the following best describes your religion/belief?

- Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  None  
 Other (*please specify*)  Would rather not state

### Data Protection

The information supplied on this form is being collected as part of the Practice's recruitment and selection procedures. When you complete this form you are giving your consent to the Practice to hold and use personal information for these purposes. The application forms of unsuccessful candidates will be retained for six months, after which time they will be destroyed.