

Dr D T Carey ▪ Dr J R Hamilton ▪ Dr N A Moloney ▪ Dr S A Elliott
Dr D N A Smith ▪ Dr J A Crichton ▪ Dr S Smith ▪ Dr C Stein

Job Application Form

Please ensure you complete the application form in full as we cannot accept CVs. Please complete with black ink and block capitals. This form will be kept in confidence when completed and returned to us.

| | | |
|--|-------------------------------|-----------|
| Application for (job title): | Job reference number: | |
| Location: | | |
| Fair treatment statement | | |
| No applicant will be unfairly discriminated against. We are particularly alert to eliminating discrimination on account of age, cultural/religious/political belief, disability, ethnicity, gender, race, relationship status, sexual orientation, and/or Trade Union membership or stewardship. | | |
| Personal details | | |
| Surname: _____ | Forename: _____ | |
| Name known by (if different): _____ | Title: _____ | |
| Address: _____ | Contact telephone numbers(s): | |
| _____ | Day: _____ | _____ |
| _____ | Evening: _____ | _____ |
| Postcode: _____ | Mobile: _____ | _____ |
| E-mail address: _____ | | |
| If we need to, the best way for us to contact you is by: _____ | | |
| Certificate of Sponsorship | | |
| Do you need a Certificate of Sponsorship to take up this post? | Yes | No |
| Working in the UK | | |
| Are you eligible to work in the UK? | Yes | No |
| Date application received (office use only) | | |

Declarations

Convictions

NHS Scotland is exempt from the 1974 Rehabilitation Of Offenders Act (Exclusions & Exceptions)(Scotland) Order 2003. This means that **unless stated in the job description, person specification or application pack**, you must tell us about any previous convictions either classed as 'spent' or 'unspent'. If you are offered employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information you give will be considered only in relation to the post for which this application form refers. **Information will be verified by Disclosure Scotland for relevant posts.**

I declare that I have: (a) No previous convictions (sign at the bottom of page)

(b) Previous convictions – details of which are:

(Please read the following points and sign below once you have completed the form)

- I have completed all parts of this application form and the details I have supplied are, to the best of my knowledge, true and complete;
- I understand that if appointed to this post the information on this form will be kept as part of my personal file record;
- I authorise you to obtain references to support this application if I am identified as a preferred candidate;
- I understand that details of educational qualifications, membership of professional bodies and referee reports may be verified through the establishments and individuals I have indicated;
- I consent to my details being kept confidentially and used for specific and lawful purposes as specified in the Data Protection Act 1998;
- I declare that I have no previous convictions, or have identified any I have above.

Signature:

Date:

The Green Practice ▪ Whitefriars Surgery ▪ Whitefriars Street ▪ Perth ▪ PH1 1PP

| Qualifications achieved | | | |
|---|--|-------------------|-------------------|
| Subject | Type of Qualification, for example Standard grade/National, Higher, BSc, S/NVQ | Grade achieved | |
| | | | |
| Qualifications currently studying or working towards | | | |
| Subject | Type of Qualification, Standard grade/National, Higher, S/NVQ, BSc | Grade anticipated | Dates anticipated |
| | | | |
| Membership of professional regulatory bodies | | | |
| Full name of organisation(s) | Registration number | Renewal date | |
| | | | |

Present (or most recent) post

Job title: _____

Grade: _____ Date of starting grade: _____

Employer: _____

Dates employment started and (if applicable) finished: _____

Reason for leaving (if applicable): _____

Notice period: _____ Current/most recent salary: _____

Role purpose / summary of responsibilities

(Continue on a separate sheet if necessary)

Employment History

List your most recent job first then work down page. If a job supports the position applied for, please say more about it in your 'support of application' statement on page 6

| Job title and Grade | Employer | Dates (from) | Dates (to) |
|---------------------|----------|--------------|------------|
| | | | |

Referees

Your referees will include your present (or most recent) employer. Please identify below the person in your organisation (for current NHS Scotland employees this is your direct line manager) who is authorised to confirm your employment and the details given in your application. Please identify a second referee who may have knowledge of your skills, knowledge and abilities and who may offer opinion on your suitability for this post. You **should not** use family members or friends. Our pre-employment screening also includes, (only where appropriate), health and fitness for work, criminal records, qualifications and professional registration. **Note that references will only be taken up for preferred candidates following interview.**

| | |
|--------------------------------|--------------------------------|
| Name: _____ | Name: _____ |
| Designation: _____ | Designation: _____ |
| Capacity in which known: _____ | Capacity in which known: _____ |
| Address: _____ _____ | Address: _____ _____ |
| Post code: _____ | Post code: _____ |
| Telephone: _____ | Telephone: _____ |
| E-Mail: _____ | E-Mail: _____ |

Driving Licence (See job description – only complete if driving essential for post)

| | | |
|---|------------|-----------|
| Do you have a driving licence? | Yes | No |
| If yes, which categories are you entitled to drive For example - B, BE, CI | | |

Statement in support of application

Please tell us your personal qualities, skills and attributes, experience and any major achievements and show how they match those needed for this job. If necessary please continue on a separate sheet and attach securely to this section.

Thank you. Please follow the instructions in the advert on how and where to send the form

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