

**HOLDERNESS HEALTH (HEDON GROUP PRACTICE)**

**APPLICATION FOR EMPLOYMENT**

*Position Applied For:-  
RECEPTIONIST  
PLEASE STATE WHERE YOU SAW THIS VACANCY:- .....*

**PERSONAL DETAILS:**

*Title:                      Surname:    Forename(s)*

*Address:*

*Postcode:    Telephone Numbers:                      Home:  
Work:  
Mobile:*

*E-mail address:*

*Do you have a Driving Licence?    Do you have access to a vehicle?*

*Please give details of any endorsements:*

*Are you legally eligible to work in the UK?    YES                       NO  (delete as*

*Do you require a work permit to work in the UK?    YES                       NO  appropriate)*

*Please note that prior to making an offer of employment, we are required by law to verify documentary evidence (and maintain copies for our files) regarding a candidate's eligibility to work in the UK. This applies to all applicants regardless of nationality/origin.*

<b>EDUCATION AND TRAINING:</b>	
<i>Schools</i>	<i>Exam Results/Grades</i>
<i>College/University</i>	<i>Courses &amp; Results</i>
<i>Further Education &amp; Formal Training</i>	<i>Courses &amp; Results</i>

**PROFESSIONAL MEMBERSHIP AND QUALIFICATIONS:**

NMC Registration No.:

**EMPLOYMENT RECORD:**

Please supply details of your last three positions, beginning with the most recent. **Please note that we will not accept CV's. The following sections must be completed or the application will not be processed.**

<i>Name and Address of current or most recent Employer:</i>	<i>From:</i>	<i>To:</i>	<i>Leaving/Current Salary:</i>	<i>No of Hours Worked:</i>	<i>Job Title</i>
	<i>Mth Yr</i>	<i>Mth Yr</i>			
	<i>Describe the work you did/do:</i>				
<i>Telephone:</i> <i>Type of Business:</i>	<i>Reason for leaving/wanting to leave:</i>				

<i>Name and Address of previous Employer:</i>	<i>From:</i>	<i>To:</i>	<i>Leaving Salary:</i>	<i>No of Hours Worked:</i>	<i>Job Title</i>
	<i>Mth Yr</i>	<i>Mth Yr</i>			
	<i>Describe the work you did:</i>				
<i>Telephone:</i> <i>Type of Business:</i>	<i>Reason for leaving/wanting to leave:</i>				

<i>Name and Address of previous Employer:</i>	<i>From:</i>	<i>To:</i>	<i>No of Hours Worked:</i>	<i>Job Title</i>
	<i>Mth Yr</i>	<i>Mth Yr</i>		
	<i>Describe the work you did:</i>			
<i>Telephone:</i> <i>Type of Business:</i>	<i>Reason for leaving/wanting to leave:</i>			

**ABOUT YOUR APPLICATION:**

*Please tell us in a maximum of 500 words your reason for applying for this position:*

*Describe an experience of working with other people.  
What did you contribute, and what was the outcome?*

*(Please continue on additional A4 sheets and attach if necessary)*

**MEDICAL CONDITION/DISABILITY**

*If you are successful in being short listed for interview and have any disability or medical condition, which would require us to make reasonable adjustments to ensure that you can give your best during the meeting, and then please let us know when we contact you for the interview.*

**ABSENCE RECORD**

*Please give details of any periods of absence from work within the last two years:*

*Please note that Holderness Health (Hedon Group Practice) operates a non-smoking policy covering all Practice premises.*

**REFERENCES:**

*Please supply details of your current/latest employer who would be willing to give you a reference.*

*Name: Occupation:*

*Address: Telephone:*

*If required, may we take up reference before interview? Yes/No (delete as appropriate)*

*Please give details of someone (not a relative or former employer) we can approach for a personal reference:*

*Name: Occupation:*

*Address: Telephone:*

*If required, may we take up reference before interview? Yes/No (delete as appropriate)*

**AVAILABILITY:**

*If we offer you this job, when could you start work?*

*Have you any criminal convictions, which you should disclose?*

*Yes/No (delete as applicable)*

*If Yes, please give details:*

**REHABILITATION OF OFFENDERS ACT:**

Please read this paragraph carefully. Because of the nature of the work we do, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Order 1975. You must not, therefore, withhold information about any convictions which are "spent" under the provision of the Act. Failure to disclose such convictions could result in dismissal or disciplinary action. Therefore, you should disclose any necessary information. All such information will be treated in confidence and will be considered only in relation to an application for positions to which the Order applies.

**APPLICANT'S DECLARATION**

I hereby give my consent, in connection with this application, for all previous employers, educational institutions and references to be contacted to obtain and verify the accuracy of information provided by me in support of this application.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of the application or immediate termination of employment, whenever it may be discovered.

I understand that Holderness Health (Hedon Group Practice) is permitted to hold personal information about me as identified on this application form as part of its recruitment procedures and personnel records.

**Note: Holderness Health (Hedon Group Practice) is an equal opportunities employer and does not unlawfully discriminate in employment. No information provided by the applicant will be used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by law.**

Signed..... Date .....

Please return this form, with your covering letter and CV marked Private and Confidential, to:-

**Joanne Middleton  
Patient Services Supervisor  
Holderness Health  
(Hedon Group Practice)  
Market Hill House, 4 Market Hill  
Hedon, HU12 8JD**

Closing date is 5pm Monday 28<sup>th</sup> January 2019  
Interviews will be on Wednesday 6<sup>th</sup> February 2019

If you have not heard from us by Friday 1<sup>st</sup> February 2019, please consider that on this occasion your application has not been successful, Thank You.