

**THE PENINSULA PRACTICE**  
**Application for Employment Form**

POSITION \_\_\_\_\_

The contents of this form will be treated as confidential

**PERSONAL DETAILS**

Surname

Forenames

Mr/Mrs/Ms/Miss  
(delete as appropriate)

Address

Post Code

Telephone number

Do you have a current driving licence? YES ☐ NO ☐

If there any endorsements on your driving licence, please give details below:

**EDUCATION HISTORY**

School / College /  
University attended

Qualifications Gained

EMPLOYMENT HISTORY (beginning with your most recent Employer)					
Length of Employment	Name & address of Employer	Job Title	Duties	Rate of Pay	Reason(s) for Leaving

Length of Employment	Name & address of Employer	Job Title	Duties	Rate of Pay	Reason(s) for Leaving

Notice period required with current Employer:

**GENERAL COMMENTS**

Please detail here your reasons for applying for this position, your main achievements to date and the strengths you would bring to this post.

This is the part of the application form where you can bring to our attention any qualities you believe we should be aware of.

Do not feel under any obligation to complete this section if you believe the rest of this form has brought out these qualities in sufficient detail.

If you find there is insufficient space, please continue on a separate sheet.

**If you find there is insufficient space, please continue on a separate sheet.**

[illegible]

### LEISURE

Please give details of your leisure interests, sports and hobbies and other pastimes.


### REFERENCES

Please give the name and address of two people from whom we may obtain a character and work experience reference.

1	
2	

### **CRIMINAL RECORD**

Please give details of any criminal convictions except those spent under the Rehabilitation of Offenders Act 1974.

For the purpose of this post you are not required to provide this information.


### **DISCLOSURE & BARRING SERVICE (DBS) CHECKS**

Any person applying for a position which requires a Regulated Activity to be performed, or is exempt from the Rehabilitation of Offenders Act 1974 will require Disclosure & Barring (DBS) checks to be undertaken.

Please confirm your acceptance of this by signing below.

For the purpose of this post you are not required to undertake a DBS check therefore you need not sign below.

Signed: ..... Date: .....

<b>DECLARATION</b> <b>(Please read this carefully before signing the Application Form)</b>	
<p>I confirm the above information is complete and correct.</p> <p><i>Any offer of appointment may be withdrawn if you knowingly withhold information, or provide false or misleading information.</i></p> <p><i>If your application is successful, your employment may be terminated should any subsequent information come to light once you have been appointed.</i></p>	
<p>If my Application for Employment is successful, I authorise you to contact my doctor for further details and confirmation of my state of health.</p>	
<p style="text-align: center;"><b>EITHER</b></p> <p>If my Application for Employment is successful, I agree to undergo a medical examination if this is required to ensure my suitability to carry out my duties.</p> <p style="text-align: center;">I have given my explicit consent freely.</p>	
<p style="text-align: center;">I authorise you to contact the above two stated referees.</p>	
<p><b>Signed:</b></p>	<p><b>Dated:</b></p>

**FOR PRACTICE OFFICE USE ONLY**

NAME OF APPLICANT:

POSITION APPLIED FOR:

Rejection letter – Yes : No

If yes – date sent:

Reasons for rejection / acceptance for 1<sup>st</sup> interview:1<sup>st</sup> interview date:Rejection letter / 2<sup>nd</sup> InterviewNotes on 1<sup>st</sup> interview:2<sup>nd</sup> interview date:

Offer Letter / Rejection Letter

Notes on 2<sup>nd</sup> interview:

Acceptance Received

YES / NO

Date Received:



## **THE PENINSULA PRACTICE**

### **Equal Opportunity Policy Form**

We are an equal opportunity Employer.

We have a policy to ensure no job applicant or Employee receives less favourable treatment on the grounds of sex, disability, marital status, civil partnership, colour, race, or ethnic origin, age, nationality, religion, religious or philosophical belief, sexual orientation, gender re-assignment or is disadvantaged by conditions or requirements that cannot be shown by us to be justifiable.

We frequently review selection criteria and procedures to ensure that individuals are selected, promoted and treated on the basis of their relevant merits.

All our Employees are given equality of opportunity and are encouraged to progress within the Practice.

We are committed to an ongoing programme of action to make this policy fully effective.

To ensure this policy is fully and fairly implemented and monitored and for no other reason, would you please complete the table overleaf and return this form to us, together with your Application for Employment Form.

Proof of Eligibility of UK Employment	<u>Document(s) Used as Proof:</u>		<u>Satisfactory:</u> YES / NO	<u>Date Copied:</u>
Proof of Identity Received	<u>Date:</u>		<u>Document(s) Used as Proof:</u>	
Photograph Received	YES / NO	<u>Date:</u>		<u>Satisfactory:</u> YES / NO
References Required	YES / NO	References Received	<u>Date:</u>	<u>Satisfactory:</u> YES / NO
Medical Report Required	YES / NO	<u>If YES – Date Consent received:</u>		<u>Satisfactory:</u> YES / NO
Proof of Registration Required	YES / NO	<u>If YES – Date Consent received:</u>		
	<u>Date Requested:</u>	<u>Date Received:</u>	<u>Satisfactory:</u> YES / NO	
Proof of Licence Required	YES / NO	<u>If YES – Date Consent received:</u>		
	<u>Date Requested:</u>	<u>Date Received:</u>	<u>Satisfactory:</u> YES / NO	
Proof of Qualifications Required	YES / NO	<u>If YES – Date Consent received:</u>		
	<u>Date Requested:</u>	<u>Date Received:</u>	<u>Satisfactory:</u> YES / NO	
DBS Clearance Required	Yes	No	IF “YES”, confirm receipt of Suitable Disclosure Document	<u>Date Received:</u>
Start Date				