

**EMPLOYMENT APPLICATION FORM**  
**TWEEDDALE MEDICAL PRACTICE**

Candidate Reference No:

**POSITION APPLIED FOR:** \_\_\_\_\_

**The following information will be treated in the strictest confidence.**

**PERSONAL**

(Please complete this section in BLOCK CAPITALS)

**THIS POST IS SUBJECT TO DISCLOSURE SCOTLAND**

Surname:	First Name:
Address:	
Tel. No:	
E-mail address:	

**DECLARATION**

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal.

At interview, sight of photographic evidence will be requested to confirm your personal identification and documentation confirming your right to work in the UK.

Signature:	Date:
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<b>Are you subject to any restrictions or covenants which might restrict your working activities?</b> If YES, please give full details	YES/NO
<b>As per the recruitment advert, the practice is open from 8am-6pm Monday to Friday.</b> <b>Office rota cover is required from 7.45am to 6pm each of those days.</b> <b>Are there any hours between 7.45am and 6pm that you are unable to work?</b> If YES, please specify	YES/NO
<b>Are you willing to work overtime and weekends when required?</b>	YES/NO
<b>Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?</b> If YES, please give full details	YES/NO
<b>Have you ever worked for this business before?</b> If YES, please give details	YES/NO
<b>Are you related to any person employed by this business?</b> If YES, please give details	YES/NO
<b>Have you applied for employment with this business before?</b> If YES, please give details	YES/NO
<b>Do you need a work permit to take up employment in the UK?</b> If yes, please give full details	YES/NO
<b>How much notice are you required to give to your current employer?</b>	

## EDUCATION/QUALIFICATIONS

School/College/University/Course Provider	Qualification/course/result

Please give details of membership of any technical or professional associations.


**EMPLOYMENT DETAILS**

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

Name and address of employer	Dates	Position held/Main duties	Reason for leaving

**PRESENT OR LAST EMPLOYER**

Are you currently employed?  YES/NO

Name of present or last employer:		
Address		
Telephone No:		
Nature of Business		
Job title and a brief description of your duties:		
Length of Service:	From:	To:

**I.T. EXPERIENCE**

Please detail your qualifications/skills/experience with regards to the use of I.T. systems and software packages


## YOUR APPLICATION

In a few words, please tell us what it is about this particular job/role/vacancy that has brought you to apply?

## SUPPLEMENTARY INFORMATION

Please tell us a bit more about yourself to support your application, e.g. past achievements, future aspirations, personal strengths.

## REFERENCES

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made?

YES/NO

Name:	Name:
Position:	Position:
Address:	Address:
Email Address:	Email Address:
Tel. No.:	Tel. No.:

## SOURCE OF APPLICATION

How did you hear of this vacancy?

## Completed applications should be returned to:

Miss Kathleen Cameron  
Administrator  
Tweeddale Medical Practice  
Fort William Health Centre  
Camaghael  
FORT WILLIAM PH33 7AQ  
Email to: nhsh.gp55624-admin@nhs.scot