

The Fordingbridge Surgery
Application for Employment Form

POSITION: Advanced Nurse Practitioner

Please make sure you complete this form – do not replace with CV

The contents of this form will be treated as confidential

PERSONAL DETAILS

Surname		Forenames	
Dr/Mr/Mrs/Ms/Miss (delete as appropriate)	Address inc Post Code		
Telephone Number		Mobile Number	
Email Address			
Do you have a current driving licence? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 for Leaving

Notice period required with current employer:

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 work related references, including your most recent employer.

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 required to provide this information.

Disclosure and Barring Service (DRB) Disclosure Document & Independent Safeguarding Authority (ISA) Registration

Any position which requires, as part of normal duties, caring for, training, supervising or being in sole charge of children or vulnerable adults will require Disclosure and Barring Service (DRB) checks to be undertaken, including provision of a suitable disclosure document and Independent Safeguarding Authority (ISA) Registration.

The Protection of Children Act, the Protection of Vulnerable Adults Act and the Safeguarding Vulnerable Groups Act will apply in this case.

Please confirm your acceptance of this by signing below.

For the purpose of this post you are required to undertake a DRB check and have ISA Registration therefore you must sign below.

Signed: Date:

DECLARATION

(Please read this carefully before signing the application)

I confirm the above information is complete and correct and any untrue or misleading information will give my employer the right to terminate any employment contract offered.

If my Application for Employment is successful, I authorise you to contact my doctor for further details and confirmation of my state of health.

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.

I have given my explicit consent freely.

If my Application for Employment is successful and if I am registered with a GP at this practice, I understand that I will be required to change my GP Practice in accordance with Practice Policy.

I authorise you to contact the above two stated referees

Signed:

Dated:

FOR OFFICE USE ONLY

NAME OF APPLICANT:

POSITION APPLIED FOR:

Rejection letter – Yes : No If yes – date sent:

Reasons for rejection / acceptance for interview:

First interview date: Rejection letter : 2nd Interview

Notes on First interview:

Second interview date: Rejection Letter : Offer letter

Notes on Second interview:

Acceptance	YES		NO	
Proof of Eligibility of UK Employment (if required)	Checked?		Copied?	
References	YES		NO	
Medical	YES		NO	
DRB Clearance Required	Yes	No	IF “YES”, confirm receipt of Suitable Disclosure Document	<i>Received</i>
ISA Registration Required	Yes	No	If “YES” is the Employee Registered?	YES NO
Start Date				