Salisbury Walk in Health Centre

APPLICATION FORM

Please complete all sections of this application form and then return this application form to:

Salisbury Walk In health Centre
Avon Approach
Salisbury
SP1 3SL

This form should be printed and completed legibly using **BLACK INK & IN CAPITAL LETTERS**, continuing on a separate sheet if necessary.

Position applied for:

Where did you hear about this vacancy?

Other employment interests:

When would you be available to start?

If offered this position will you continue to work in any other capacity? **YES** **NO**

Have you previously worked for us? **YES** **NO**

If yes, when?

Personal Details;

Title:

Surname:

Forenames:

Address:

Postcode:

Telephone: Home Work Mobile

Email:

National Insurance Number:

GMC / NMC Number (Clinical positions only):

IN CONFIDENCE

EQUAL OPPORTUNITIES RECRUITMENT MONITORING POLICY

Salisbury Walk in Health Centre operates an equal opportunities policy which requires fair and equal treatment of all job applicants. To help check whether this policy is working the practice monitors the ethnic origin, marital status and gender of all applicants and whether applicants are in any way disabled. For this reason you are asked to complete the following sections.

Please complete these forms and return with your application so the Practice can monitor the success of its Equal Opportunities Employment Policy.

APPLICATION FOR POST:

PERSONAL DETAILS

Title:

Forenames:

.

Surname: Previous Surname:

Address:

Postcode:

Age:

D.O.B:

Telephone: Home: Work:

GENERAL INFORMATION

Sex: Male Female

Marital Status:

Country of Birth:

Are you a European Economic Area National? YES NO

If appointed would you require a work permit for this post? YES NO

DISABILITY

The successful candidate will be required to complete a medical questionnaire and may have to undergo a medical examination.

If you have any reason or disability which may prevent you from carrying out the full duties of the post please give details below.

The Practice will make reasonable adjustments to working arrangements.

Do you have a disability? YES NO

Please give details of your disability:

ETHNIC ORIGIN (please tick the box)

Ethnic origin questions are not about the nationality, place of birth or citizenship of applicants. They are instead about colour and broad ethnic group. UK citizens can belong to any of the groups indicated.

Ethnic Categories	**Code**	**Please tick**
White		
British	A	
Irish	B	
Any other White background	C	
Mixed		
White & Black Caribbean	D	
White & Black African	E	
White & Asian	F	
Any other mixed background	G	
Asian or Asian British		
Indian	H	
Pakistani	J	
Bangladeshi	K	
Any other Asian background	L	
Black or Black British		
Caribbean	M	
African	N	

Any other Black background	P	
Other Ethnic groups		
Chinese	R	
Any other Ethnic group	S	
Not stated	Z	

Signature:	Date:

Thank you for completing the Equal Opportunities Form.

The information provided will not be given to the selection panel, and will be used solely for the purposes of Equal opportunities monitoring.

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References

NAME: **POST:**

Please give name and address of at least two references, one of which must be your current or last employer.

References will not be used in the short-listing process. References will only be requested once you have been short-listed and selected for interview. All positions are offered subject to references that are satisfactory to the Practice.

Ref 1	**Ref 2**
Title:	Title:
Surname:	Surname:
Forenames:	Forenames:
Address:	Address:
Postcode:	Postcode:
Telephone: Home: Work Mobile:	Telephone: Home: Work Mobile:
Email:	Email:
Please indicate how these individuals know you and how they know about your work abilities etc. e.g. state whether they are your current manager etc.	Please indicate how these individuals know you and how they know about your work abilities etc. e.g. state whether they are your current manager etc.

Salisbury Walk in Health Centre

Application Form

NAME: **Position:**

You are asked to complete the following questions which are used by the short-listing panel to determine whether you will be invited for an interview.

1. QUALIFICATIONS. Please list all relevant qualifications.

Date	Qualifications obtained	Awarding Body

2. ADDITIONAL COURSES. Please list all relevant courses.

Date	Details	Organisation/Training Provider etc..