

APPLICATION FOR EMPLOYMENT WITH

Dr DINEEN and PARTNERS

Please complete all sections and return to
The Practice Manager, The Surgery, The Street, Holbrook, Ipswich, Suffolk, IP9 2QS

PART A

Job Title _____

Personal Details:

Surname _____

First Name(s) _____

Title _____

UK National Insurance No _____

Address _____

_____ **Postcode** _____

Telephone **Home** _____ **Mobile** _____

DISABILITY DISCRIMINATION ACT

Do you consider yourself disabled? **Yes/ No** **(please ring)**
If yes, do you need special arrangements to enable you to attend for interview?

REHABILITATION OF OFFENDERS ACT

Applicants are not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the act and in the event of employment, any failure to disclose such convictions will could result in dismissal or disciplinary action by the Practice. Any information given will be confidential and will be considered only in relation to the post advertised

Have you at any time received, or had pending, a court conviction? Yes No

If yes please give details

DECLARATION

The information in this form (parts A & B) is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting the application, and subsequent dismissal if employed by the Practice. The applies equally to any medical questionnaire/forms I may complete.

I agree to the above declaration

Signature _____

Name (Print) _____ **Date** _____

MEMBERSHIP OF PROFESSIONAL BODIES

If you are registered then please enter the relevant details below			
<i>Professional Body</i>	<i>Registration type</i>	<i>Registration PIN</i>	<i>Expiry/renewal date</i>

If you are applying for a post that requires professional registration you are required to provide the following information:

Are you currently the subject of a fitness to practice investigation or proceedings by a licensing or regulatory body in the UK or in any other country? Yes No

Have you been removed from the register or have conditions been made on your registration by a fitness to practice committee or the licensing or regulatory body in the UK or in any other country?

Yes No

EMPLOYMENT HISTORY - CURRENT EMPLOYMENT

Please record below details of your current or most recent employer:

Employer name			
Address			
Type of Business		Telephone No.	
Job Title			
Start date		End date	
Grade/Salary		Period of notice	
Reason for leaving			
Description of your duties and responsibilities			

PREVIOUS EMPLOYMENT

Please record below the details of your previous employment beginning with the most recent first. Please explain any gaps in employment in the 'Supporting Information' section below. Please add additional information on a separate sheet.

Previous Employer 1

Employer Name			
Address			
Job Title		Grade	
From date		To date	
Reason for leaving			
Description of your duties and responsibilities			

Previous Employer 2

Employer Name			
Address			
Job Title		Grade	
From date		To date	
Reason for leaving			
Description of your duties and responsibilities			

Previous Employer 3

Employer Name			
Address			
Job Title		Grade	
From date		To date	
Reason for leaving			
Description of your duties and responsibilities			

REFERENCES

Please give the names of the people who have agreed to supply references. For all positions you must provide 2 references. If you are, or have been, employed these should be your two most recent employers.. Written references obtained must cover the preceding 3 years of employment. Referees may be approached prior to interview unless you indicate otherwise.

Referee 1

Name			
Job Title			
Address			
Telephone		Fax	
Email			
Can the referee be approached before interview?	Yes	No	

Referee 2

Name			
Job Title			
Address			
Telephone		Fax	
Email			
Can the referee be approached before interview?	Yes	No	

SUPPORTING INFORMATION

In this section please give your reasons for applying for this post and additional information which shows how you match the person specification for the job. Please continue on additional sheets if necessary.

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