

Wallingbrook Health Group

Chulmleigh • Winkleigh

Application for Employment

CONFIDENTIAL

Post for which you are applying:	How did you hear about this vacancy? Date of publication (if applicable):
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Personal Details (*Block capitals or typescript*)

Surname: Mr/Mrs/Miss/Ms:	First names:
Maiden and other names: Address: Postcode:	Telephone number (including STD code) Home: Mobile: Other: Email address:
Do you hold a full licence to drive a car? YES/NO Details of endorsements:	
Do you require a Work Permit to be employed in the United Kingdom? YES/NO	Do you own a car? YES/NO

Correspondence to: Wallingbrook Health Centre, Back Lane, Chulmleigh,
Devon, EX18 7DL. Tel 01769 580295.

VAT Registration Number 879082282

*Please note that all calls to and from the surgery are recorded and may be monitored for quality and training purposes.

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www.wallingbrook.co.uk

Career History (in chronological order)

Name and address of recent and previous employers	From	To	Appointments held and brief descriptions and current salary	Reason for leaving

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Education and Training

Secondary School/ College/ University attended	Full or Part- time	From	To	Course(s) taken or currently studying	Examination results (incl. grades)
Other relevant training courses attended:					
Professional Qualifications:			Professional Body:		
Details of UK registration:			Name and PIN No:		
Do you speak any other languages? If yes, please indicate with what fluency level:					

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General Information

GENERAL INFORMATION

Explain why you are interested in this position, how you feel you would benefit our patients and give any additional information in support of your application including relevant skills and personal qualities. **(Continue on a separate sheet if necessary)**

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Please list your interests or hobbies:

Interview

Do you require special facilities for interview?

If so, please give details:

Please note that all candidates are treated equally regardless of their age, sex, sexual orientation, marital status, race, ethnic origin, religious belief or disability.

References (for external candidates only)

Give names and addresses (and telephone numbers, if possible) of two referees. The first should be your present or most recent employer (or head teacher, if a school leaver). The second should be a personal referee.

1.Recent Employer:

2.Personal:

Tel:

Tel:

May we approach them prior to interview? 1. YES/NO 2. YES/NO

(Referees will only be contacted if you have been requested to attend for an interview. References are confidential.)

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Miscellaneous

Are you related to any staff within the company?

YES/NO

If YES give details:

Have you worked for the company before?

Have you applied for a position with the company before?

If so, have you used any other names?

If offered the position will you continue to work in any other capacity?

What notice period do you have to give?

To the best of my knowledge the above facts are a true statement of myself. I accept that providing deliberately false information could result in my dismissal.

Signature of Applicant Date

For company use

Date received:

Invite to interview: Yes / No

Reject letter date:

Interview date:

Offer letter date:

Reject letter date:

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