

Please Complete in Black Ink	
Application for the post of:	Medical Receptionist (Temporary, 12 months)
	Applications to be received no later than:
BASED AT: 3 sites	29 th September 2017
Personal Details Please note that this sheet will be removed from your main application form and treated as confidential information. It will not be used for selection purposes.	
Surname:	Address:
Title:	Forename(s):
Previous Name(s):	Home Tel:
Work Tel*:	
*It may be that you will be contacted at work. Please indicate whether this is convenient. Yes <input type="checkbox"/> No <input type="checkbox"/>	
The Practice wishes to encourage applications from candidates with disabilities. All candidates with disabilities who meet the essential requirements of the job description/person specification will be offered an interview. If short-listed for interview, all candidates with disabilities will be asked if they require any particular arrangements to be made, for example, an accessible venue or a sign language interpreter.	
I am not disabled <input type="checkbox"/> I am disabled <input type="checkbox"/>	
*Do you hold a full and current driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/>	
*Details of any endorsement (if none, please state so)	
*Do you have sole use of a car? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please return completed and signed application form to: Sharron Golding Argyle Medical Group Argyle Street, Pembroke Dock SA72 6HL	
A current, clean driving licence along with the use of a car will be a requirement of the post for which you are applying. Where relevant, this information will be given to the shortlisting panel.	

Present or Most Recent Employment:				
Position Held:			Date Appointed:	
Full Name and Address of Employer:				
Salary Scale:				
From:		To:	Present Salary:	
Details of any Bonus or Allowance:				
Period of Notice Required by Present Employer:				
Give a Brief Account of Present Duties and Responsibilities:				
Previous Employment (most recent first):				
Name and Address of Employer	Post Held	From	To	Reason Leaving for

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Secondary Education					
Schools Attended	From	To	Exam Subjects Taken	Level	Grade
Higher and Further Education					
Name of College or University	From	To	Full Time Part Time	Title of Qualification	Grade, Class or Level
<p>Any other Qualifications/Skills eg knowledge of foreign languages (indicate proficiency), keyboard skills, computer literacy.</p>					

Supporting Information: Please pay particular attention to this section. It is the most important part of your application. Your application will be judged against the list of requirements for the job, as set out in the job description/person specification. PLEASE DO NOT SUBMIT a CV. You should include relevant details of any current or previous jobs or experience outside paid employment e.g. voluntary work/household administration etc.

Supporting Information (Continued

Additional Information:	
Relevant Training Completed:	
Organising Body and Title:	Brief Description of Content and Dates:
Activities and Interests:	
Membership of Professional Institutions:	

Where did you learn of this vacancy? Job Centre? Local Paper?

.....
Are you related to any partner or member of staff within the Practice? YES/NO*
If yes, please state the name and relationship?

.....
*** A candidate who purposely and deliberately conceals such information shall be disqualified from appointment.**

References:

Please give the names and addresses of two referees, who should not be related to you, one of whom must be your present Employer/Line Manager or your most recent employer, if you are not currently in employment.

Name:	Name:
Position/Job Title:	Position/Job Title:
Address:	Address:
Tel No:	Tel No:

When may your present employer be asked for a reference:

Only after you are offered an interview

Only after you are offered the post

Not at all

All appointments are subject to the receipt of references which the Practice considers satisfactory.

Declaration

I declare that to the best of my knowledge and belief, the information I have given is correct. I have not canvassed either directly or indirectly any partner or employee of the Practice in connection with the job and I will not do so.

Signed:	Date:
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Providing false or deliberately misleading information on this form could lead to an offer of employment being withdrawn or employment being terminated.

NB All appointments will be subject to a Criminal Record Bureau Enhanced Check

**DISABILITY DISCRIMINATION ACT 1995
IMPORTANT NOTICE FOR APPLICANTS**

Dear Applicant

The Practice is aiming for equality of opportunity in its workforce and is committed to fulfilling the requirements of the Disability Discrimination Act 1995 in relation to employment.

If you are unable to submit your application in the requested format because of a disability, please contact the HR Co-ordinator, who will agree a more suitable way for you to apply.

The Practice also wishes to ensure that appropriate access and/or facilities are provided for any disabled applicant called to interview. We are committed to taking positive action for disabled applicants and would appreciate your co-operation.

If you require any facilities to enable you to compete on equal terms with other shortlisted candidates, please complete the tear off slip below and attach it to the front page of your application. Upon receipt, the Practice Manager will retain the information before your application is forwarded for shortlisting consideration.

Name:

Date:

Post Applied For:

Ref:

In order to compete on equal terms with other applicants for this post, I require the following facilities:

EQUAL OPPORTUNITIES (CONFIDENTIAL)

The Practice promotes a philosophy of equality of opportunity for all. We are committed to ensuring that present and future members of staff or applicants for appointments are judged only on their ability to do the job for which they are applying.

To help us ensure that the policy works successfully, would you be kind enough to complete this form. The information will only be used for monitoring purposes, and will be treated as confidential.

SURNAME: **FORENAME(S):**

APPLICATION FOR THE POST OF:

Please tick the appropriate boxes below:

I would describe my cultural origins as:

- | | | |
|--|--------------------------|----------------------|
| BLACK - CARIBBEAN | <input type="checkbox"/> | |
| BLACK - AFRICAN | <input type="checkbox"/> | |
| BLACK - OTHER | <input type="checkbox"/> | Please specify |
| INDIAN | <input type="checkbox"/> | |
| PAKISTANI | <input type="checkbox"/> | |
| BANGLADESHI | <input type="checkbox"/> | |
| ORIENTAL | <input type="checkbox"/> | |
| WHITE EUROPEAN
(including UK born or settled) | <input type="checkbox"/> | |
| WHITE OTHER | <input type="checkbox"/> | Please specify |

(note the above criteria have been recommended by Greater London Action for Race Equality).

- | | | | |
|----------|--------------------------|-----------|--------------------------|
| AGE | | | |
| MALE | <input type="checkbox"/> | FEMALE | <input type="checkbox"/> |
| SINGLE | <input type="checkbox"/> | MARRIED | <input type="checkbox"/> |
| DIVORCED | <input type="checkbox"/> | SEPARATED | <input type="checkbox"/> |
| | | WIDOWED | <input type="checkbox"/> |

- | | | |
|-----------------------|------------------------------|-----------------------------|
| Number of dependants: | | Ages:..... |
| Are you: Disabled? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Registered Disabled? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |