



The Alresford Surgery
Station Road
ALRESFORD
Hampshire
SO24 9JL
Telephone: 01962 732345

APPLICATION FORM

Personal Details	
Title	
Forenames	
Surname	
Address	
Telephone number (home)	
Email address	
National Insurance Number	
Position applied for	

Under the Asylum and Immigration Act 1996, employers can offer employment only to those who are entitled to work in the UK.

Are you legally entitled to work in the UK? YES / NO

In accordance with the Act, we are entitled to ask applicants for evidence of the right to work in the UK. Should you be invited to interview, please bring with you originals of at least one of the following:

- Your National Insurance number (your original NI number or on a P60 or P45)
- A UK passport or Naturalisation Certificate
- A passport or identification card from a member country of the European Economic area
- A passport vetted by an immigration officer
- In certain circumstances, a work permit.

Education and Training after age 11 in chronological order

Name and address of school/college/university

Qualifications obtained with dates

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Qualifications obtained with dates

Any other education, training or skills which you consider relevant to the post applied for

Employment History	
Please list in reverse chronological order (i.e. list your most recent employment first) all positions held in your previous employment. Please also indicate any periods of unemployment.	
Name and address of employer	
Job Title	
Duties	
Starting and leaving pay	
Dates Employed	
Reason for leaving	
May we approach this employer for a reference?	Yes/No
Name and address of employer	
Job Title	
Duties	
Starting and leaving pay	
Dates Employed	
Reason for leaving	
May we approach this employer for a reference?	Yes/No
Name and address of employer	
Job Title	
Duties	
Starting and leaving pay	
Dates Employed	
Reason for leaving	
May we approach this employer for a reference?	Yes/No

Further Information

1. Tell us about a difficult situation with a customer or client or member of the public you have dealt with.

2. What are your strengths and weaknesses?

3. How do you prioritise work and handle conflicting deadlines?

4. What would you do if a fellow team member regularly made mistakes?

Medical History

Please provide details of any serious illnesses, disorders, allergies, medical, physical or physiological illnesses from which you suffer. Please also give information regarding any operations or disabilities.

Please provide details of any medicine, drugs, treatment or therapy which you receive regularly.

Criminal Offences

Have you been convicted of any criminal offence? Yes/No

You should note that the practice is exempt from the Rehabilitation of Offenders Act 1974 and you are therefore required to disclose all convictions to the practice, whether or not those convictions are spent.

Other

Have you booked any holidays? Yes/No

If so, please specify the dates:

If you were to be offered the position, please state when you could start work:

Declaration

I confirm that to the best of my knowledge the above information is correct.

I understand that if I have provided any false or misleading information on any application then this could result in my dismissal if I am appointed to the position.

I understand that some of all of the information I have provided may be retained in accordance with the Data Protection Acts.

Signed: _____ Date: _____