

Dr Green and Partners
COGGES SURGERY, 12 COGGES HILL ROAD, WITNEY, OXON OX28 3FS

Please HANDWRITE this form using BLACK ink

APPLICATION FOR EMPLOYMENT

POST APPLIED FOR: MEDICAL RECEPTIONIST

Title	First Name	Last Name
Address (including postcode)		Daytime or Mobile Phone No:
		Email address:

Please give details of:-

School, Colleges of Higher Education, Institutions attended :-	Dates		Full time or Part time	Qualifications gained
	From	To		

Other Training: Include here any other training courses you have attended

<u>Course</u>	<u>Training Institution</u>	<u>Commenced</u>	<u>Completed</u>

OTHER INFORMATION

How soon can you start work?

Are there any commitments or issues that would make it difficult for you to attend work between the hours of 7am and 8pm on weekdays on a regular basis? Yes/ No *(If yes, please explain at end of application form).*

Have you applied for a job at the practice before? Yes/ No *(If yes, please give details at end of application form).*

Where did you hear about this vacancy?

WORK HISTORY –paid and unpaid/voluntary work (include **present employment, all employment in last 5 years plus any employment particularly relevant** to this application which may have ended over 5 years ago)

Name of Employer/ Volunteer agency	Dates From To	Brief details of duties	Reason for leaving

Please give the reasons why you want this particular job and any specific skills or experience that you would bring:

Please give any other facts or information which you think would be useful in considering your application:

Do you have any unspent criminal convictions, or is there any other information we should be aware of in the context of your possible employment here? Yes/ No (*If yes, please explain at end of application form*).

REFEREES

Please give the names of two people that have worked with you in a paid or voluntary capacity (at least one should have been a line manager)

	Referee One (your current or last employer where possible)	Referee Two
<i>Name</i>		
<i>Their position/job role</i>		
<i>Company/organisation</i>		
<i>Relationship to applicant</i>		
<i>Email address</i>		
<i>Daytime contact number</i>		
<i>Postal address</i>		
<i>Can we contact them prior to interview?</i>		

DECLARATION

To the best of my knowledge the information given on this form is correct and complete

Signature..... Date.....

SUPPLEMENTARY INFORMATION

If you have answered Yes to any of the above questions, please give more information here: