**Cill Chuimein Medical Centre**

**Receptionist / Administrator application form**

The following information will be treated in the strictest confidence.

**Personal information:** (Please complete this section in BLOCK CAPITALS)

|  |  |
| --- | --- |
| Surname: | First name(s): |
| Address: |
|  |
|  |
| Town: | Post code: |
| Contact telephone number |  |

|  |  |
| --- | --- |
| Date of birth |  |
| National Insurance number |  |

**Declaration**

**I declare that the information given in this form is complete and accurate. I understand**

**that any false information or deliberate omissions will disqualify me from employment or**

**may render me liable to summary dismissal.**

**At interview, sight of photographic evidence will be requested to confirm your personal**

**identification and documentation confirming your right to work in the UK.**

|  |  |
| --- | --- |
| Signature: | Date: |

|  |  |
| --- | --- |
| Are there any circumstances which may limit your availability to work or your working hours? |  YES / NO |
| If YES, please give full details. |  |
| Are you subject to any restrictions or covenants which might restrict your working activities? |  YES / NO |
| If YES, please give full details. |  |
| Are you willing to work overtime if required? |  YES / NO |
| H Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act  1974)? |  YES / NO |
| If YES, please give full details. |  |
| Have you ever worked for this surgery before? |  YES / NO |
| If YES, please give full details. |  |
| Are you related to any person employed by this surgery? |  YES / NO |
| If YES, please give full details. |  |
| Have you applied for employment at the surgery before? |  YES / NO |
| Do you need a work permit to take up employment in the UK? |  YES / NO |
| If YES, please give full details. |  |
| How much notice are you required to give to your current employer? |  |

**Education**

|  |  |
| --- | --- |
| Schools attended since age 11 | Examinations and results |
|  |  |
| College / University | Courses and results |
|  |  |
| Further formal training | Diploma / Qualification |
|  |  |
| Job related training coursesName of organisation | Date | Subject |
|  |  |  |

Please give details of membership of any technical or professional associations:

|  |
| --- |
|  |
|  |
|  |

**EMPLOYMENT DETAILS**

Please give details of your past employment, excluding your present or last employer, stating the most recent first.

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address of employer | Dates | Position held / Main duties | Reason for leaving |
|  |  |  |  |

**PRESENT OR LAST EMPLOYER**

Are you currently employed? YES/NO

|  |  |
| --- | --- |
| Name of present or last employer |  |
| Address |  |
| Telephone number |  |
| Nature of business |  |
| Job title and a brief description of your duties  |  |
| Length of service | From: | To: |

**I.T. EXPERIENCE**

Please detail your qualifications/skills/experience with regards to the use of I.T. systems and software packages

|  |
| --- |
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**SUPPLEMENTARY INFORMATION**

Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths.

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| --- |
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|  |

 **REFERENCES**

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.

Can we approach your current employer before an offer of employment is made? YES / NO

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Address |  |
| Email address |  |
| Telephone number |  |
|  |  |

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Address |  |
| Email address |  |
| Telephone number |  |

Completed application forms should be returned to:

Drs D Flavin and A Lawlor

Cill Chuimein Medical Centre

Fort Augustus

PH32 4BH