**APPLICATION FORM**

Position Applied for: Medical Receptionist Application Ref: RecepPostNov23

Surname: Forename:

Address:

Post Code:

Telephone No: National Insurance No: \_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

**Secondary School** (Do not include name of school)

|  |  |  |
| --- | --- | --- |
| **Level (GSCE) / A Level**  | **Subject / Name of Course** | **Grade Obtained / Awarding Body** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Continued;

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

**HIGHER EDUCATION**

|  |  |
| --- | --- |
| **University Degree/ Professional Qualifications/ Diploma** | **Year** |
|  |  |
|  |  |
|  |  |

**YOUR MEMBERSHIP OF PROFESSIONAL BODIES**

|  |  |
| --- | --- |
| **Name of Professional Body** | **Grade of membership** |
|  |  |
|  |  |
|  |  |

**RELEVANT EMPLOYMENT** (Please start with your present or last employment)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of Employer** | **Dates of Employment** | **Job Title & Main Duties** | **Salary & Reason for Leaving** |
|  |  |  |  |

**HOW DO YOU MEET THE JOB CRITERIA FOR THIS POST**

Explain how you satisfy the essential and desirable job criteria and how your experience has a bearing on your present application outlining how you meet elements of the personnel specification and why you believe you are suitable for this position. (1 extra page may be inserted).

|  |  |
| --- | --- |
| **Essential Criterion** |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Desirable Criterion** |  |
|  |  |
|  |  |
|  |  |
|  |  |

**REFERENCES**

Please include the name, address and contact details of two referees that can be contacted in the event of a job offer being made, one of whom should be from previous employment. (Not relatives)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ref** | **Full Name** | **Address** | **Relationship** | **Contact Number** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |

**1.** Email address Referee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** Email address Referee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DISABILITY DISCRIMINATION ACT 1995 (DDA 1995)**

In accordance with the DDA 1995, it is necessary for employers to consider making reasonable adjustments to accommodate a person with a disability. Selection will continue to be made on the basis of merit principle, however in some instances it may be necessary to consider a person’s disability and its impact upon the individual’s ability to compete on equal terms with a non-disabled person.

In line with the DDA 1995, a disability is defined as;

“a physical or mental impairment which has a substantial and long term effect on your ability to carry out normal day to day activities”.

Do you consider yourself to have a disability which may have an impact of the post you have applied for?

Yes / No please provide details

Do you require any special arrangements to be made for you?

Yes / No

If you answered “yes” to this question is there any reasonable adjustment which you believe is necessary for the Practice to make to allow you to fulfil the requirements for the interview / job for which you are applying.

In full;

|  |
| --- |
|  |

Whilst the information given in the application is confidential, applicants are advised that the legal processes may require the organisation to disclose the form to certain statutory bodies, and in some circumstances open tribunal.

I hereby confirm that the information included in this application is a true and accurate account. (An applicant found to have knowingly given false information or to have wilfully suppressed any material fact will be disqualified, or if appointed may be dismissed).

I understand that the appointment is subject to receipt of satisfactory references.

I consent to the information I have provided in the form being used for;

1. Processing my application for this post including both manual and computerised records.

2. Transfer to the personnel and employment records if I am appointed, including both

 computerised and manual systems.

3. Inclusion in the annual monitoring return to the Equality Commission and in the 3 year

 review for the Practice.

I consent to the information being retained for a period of 12 months, or longer in the event of any legal proceeding taken against the Practice in connection with this appointment.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application forms to be returned by email to:** Admin.Z00317@gp.hscni.net

**Closing date 8th December 2023 at 17:00pm**

The offer will be subject to;

References one from last employer

Health Check – Northern Trust Occupational Health

An Enhanced Access NI report which the candidate will apply for under an umbrella organisation

Qualifications will be verified with Original Certificates.

Evidence of the right to work in the UK.

**FOR OFFICE ONLY**

Closing date for applications: 8th December 2023

Date received:

Shortlisted Yes/No

Interview date: Time:

2nd Interview date: Time: