

[illegible]


## Qualifications

Please provide details of any qualifications gained, in particular those relevant to the position

Qualification	Training Institution	Year obtained

## Education History

School/College/University attended	Dates of attendance	Qualification/Grades obtained



## Supporting Information

Please provide details here of your reasons for applying for this position and any other details you feel are relevant and will support your application.

## References

Please provide names and contact details of two referees (not relatives) whom we may approach for references. Your referees need to have known you for at least two years and cover the last five years of employment. The Practice will not approach referees until consent from the applicant has been provided.

### Referee 1

**Name:**

**Employer name:**

**Job title of referee:**

**Address:**

**Telephone number:**

**Email Address:**

**In what capacity do you know this person?**

### Referee 2

**Name:**

**Employer name:**

**Job title of referee:**

**Address:**

**Telephone number:**

**Email Address:**

**In what capacity do you know this person?**

### Requirements under the Rehabilitation of Offenders Act 1974

Because of the nature of work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) order 1975. Applicants are therefore not entitled to withhold information about convictions/cautions (which for other purposes are “spent” under the provision of the Act).

Any information given will be completely confidential.

Do you have any convictions which are unspent under the Rehabilitation of Offenders Act 1974?

Yes ☐ No ☐

Do you have any cautions, reprimands or final warnings which are unspent under the Rehabilitation of Offenders Act 1974?

Yes ☐ No ☐

### **Equality and Diversity Monitoring**

#### **Equality Act 2010**

Under the Equality Act 2010 the definition of Disability is if you have a physical or mental impairment that has a 'substantial' and 'long-term' adverse effect on your ability to carry out normal day to day activities. Further information regarding the definition of disability can be found at:

[www.gov.uk/definition-of-disability-under-equality-act-2010](http://www.gov.uk/definition-of-disability-under-equality-act-2010)

According to the definition of disability, do you consider yourself to have a disability? Yes ☐ No ☐

### **Data Protection Act 2018**

St James Medical Practice takes your privacy very seriously. We are registered with the Information Commissioner as a Data Controller and our registration number is Z5461572.

We will collect, store and process information about you, for the purposes of selection and recruitment and thereafter, if successful, for maintaining the working relationship we have with you.

All of the information collected in this form is necessary and relevant to the performance of the position applied for. We will use the information provided by you on this form for recruitment purposes only. The Practice will treat all personal information with the utmost confidentiality and in line with current data protection legislation.

#### **Declaration**

I confirm that the above information is complete and correct and that any untrue or misleading information will give the Practice the right to terminate any employment offered to me.

I understand that any offer of employment with the Practice is subject to the completion of relevant checks including two satisfactory references, eligibility to work in the UK and Disclosure and Barring Services checks.

Signed.....

Print Name.....

Date.....