Application Form

**Applicant Ref:***(office use only)*

*AN EQUAL OPPORTUNITIES EMPLOYER*

Job Ref Number: **SGP/2023/64**

Job Title: **Salaried General Practitioners – Lisnaskea Practice**

Closing Date: **Tuesday 2nd January 2024 12 noon**

**NOTES:**

 CVs will not be accepted

 Canvassing will disqualify

 Incomplete applications will not be considered

 You are strongly encouraged to complete the equal opportunities section of this form which is used only

for monitoring/statistical purposes and is not made available to the panel

 Applications received after the closing date and time

will not be considered

* Applications must be completed and returned electronically

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| --- | --- | --- | --- | --- |
| Surname: |  |  | Title (Mr, Mrs, Miss, Ms, Dr): |  |
| First Names: |  |  | Previous Surname: |  |
| Address: |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Postcode: |  |  |  |  |
| Contact Number: |  |  | National Insurance: |  |
| Email Address: |  | | | |

Do you hold a current full driving licence valid in the UK? Yes  No

If required, do you have access to a car, or a form of transport Yes  No

which will enable you to undertake the duties of this post?

Please name two referees (Please see information pack for more details):

Title (Mr, Mrs, Miss, Ms, Dr):       Title (Mr, Mrs, Miss, Ms, Dr):

Name:       Name:

Occupation:       Occupation:

Address:       Address:

     

     

Postcode:       Postcode:

Phone No:       Phone No:

Email:       Email:

**FURTHER EDUCATION/ PROFESSIONAL QUALIFICATIONS**(e.g. Nursing, AHP, Social Care, Management, Administration)

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| **Certificate/Diploma/Degree** | **Institute** | **Exams yet to be taken** | **Result** | **Date Obtained** |
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**PROFESSIONAL QUALIFICATIONS**

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| **Name of Professional Body** | **Type of Registration** | **Professional Registration No.** | **Date Obtained** | **Date of Expiry** |
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Are you currently the subject of a referral to, or an investigation by, your professional body?

Yes  No  Not Applicable

Have you been involved or are you currently involved in any professional or personal, unresolved or pending issue that might undermine your standing ability to do the job?

Yes  No

**INDEPENDENT SAFEGUARDING AUTHORITY**

Have you ever been referred to the Independent Safeguarding Authority as a result of misconduct involving children and / or vulnerable adults? Yes  No

If yes, please provide full details below:

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**EMPLOYMENT HISTORY – PRESENT OR MAIN POST**

Employer Name:       Period of Notice:

Employer Address:       Salary / Wage:

      Job Dept / Location:

      Start Date:

Job Title:       Reason for Leaving:

Employment Status: Permanent  Temporary  Agency

Principle Duties of the Present Post:

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**EMPLOYMENT HISTORY — PREVIOUS POSTS**

Please list all your most recent previous posts beginning with the most recent.

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| --- | --- | --- | --- | --- | --- |
| **Name and Address  of Employer** | **Job Title** | **Start  Date** | **End Date** | **Reason for Leaving** | **Duties** |
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If you have any gaps in your career history, please include and explain these in the box below.

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| **ESSENTIAL CRITERIA**  You must demonstrate evidence of the following essential criteria by way of examples and dates in the box below. Please note the maximum word count is 300 words. |
| **Essential Criteria 1:** **Fully qualified and registered with GMC and on the Northern Ireland Performers List OR**  **within 6 months of completing their specialist training.** |
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| **ESSENTIAL CRITERIA**  You must demonstrate evidence of the following essential criteria by way of examples and dates in the box below. Please note the maximum word count is 300 words. |
| **Essential Criteria 2: Professional Indemnity with recognised medico- legal provider.** |
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| **ESSENTIAL CRITERIA**  You must demonstrate evidence of the following essential criteria by way of examples and dates in the box below. Please note the maximum word count is 300 words. |
| **Essential Criteria 3:** Willingness to travel within federation localities.  Hold a full current driving licence and/or\* have access to a form of transport which will permit the applicant to meet the requirements of the post in full.  *\*This relates to any individual who as declared that they have a disability which debars them from driving.* |
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| **DESIRABLECRITERIA**  You must demonstrate evidence of the following essential criteria by way of examples and dates in the box below. Please note the maximum word count is 300 words. |
| **Desirable Criteria 1:** Experience in use of computer systems including EMIS, Vision and Healthy\*\* |
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**DISABILITY**

If you require a reasonable adjustment for reasons related to a disability to allow you to attend interview, please contact [recruitment@easternfsu.co.uk](mailto:recruitment@easternfsu.co.uk).

**PERSONAL DECLARATION**

1. I declare that all the foregoing statements are true, complete and accurate

2. I understand that if I give wrong information or leave out important information I could be dismissed if I take up this job

3. I understand that to take up this job I must have satisfactory references, health assessment and Access NI checks (if applicable)

4. I understand that I will be asked to show some formal identification and evidence of qualifications if required

5. I confirm that as far as I know there are no medical reasons which would stop me from carrying out the duties of this job

6. I agree to you making any necessary enquiries during the recruitment and selection process

7. I understand that canvassing will disqualify me from the selection process for this job

8. I consent to the information I have provided being used within the context of the Data Protection Act 1998

9. I know of no reason why I cannot work in regulated activity.

Your Signature:       Date:

Please indicate how you became aware of this vacancy:

Social Media  Professional  Radio

Newspaper, please specify        Other, please specify

NIjobfinder        NIjobs.com