

PEACOCKS MEDICAL GROUP

APPLICATION FORM

Please complete this form using type or black ink. Return To

**Peacocks Medical Group,
Benfield Business Park
Benfield Road
Newcastle upon Tyne
NE6 4NQ**

DEPARTMENT.

Post Title / Grade:

Closing Date:

Surname *(block letters)*:

Mr/Mrs/Miss/Ms

Forename(s) *(block letters)*:

Address *(if this is a temporary address, please also give your usual home address)*:

National Insurance No:

*(Written confirmation of this will be
Required prior to appointment)*

Telephone No.: Home

Work

(if it is convenient for contacting you)

E-mail address:



Criminal Convictions

If after reading the guidance notes (2ii) you have any convictions to declare please do so in a separate envelope marked 'For the attention of PERSONNEL - In strict confidence – only to be opened by the addressee'

If you consider yourself to be a person with a disability as described by the disability discrimination act 1995 & have any specific requirements to assist you with an interview please detail them below and we try to make the necessary arrangements.

Job Share

If this post is open to job share, do you wish to apply for this post in a job share capacity?

YES

NO

Please state where you saw the advertisement for the post.

A

Education

N.B. appointment will only be confirmed subject to receipt of official certificates in support of below.

Secondary Education:

School attended

Qualifications	Subject	Date	Grade

Further and Higher Education: *Please include YT, apprenticeships etc.*

School, College or University	Qualifications	Subject	Date	Grade

Technical or Professional Membership/Qualification:

Institute	Grade of Membership	Year of Election

B Employment Details

Including Work Experience, Training Schemes. e.g. YT, ET, New Deal			
Present post/ _____ (If you are currently unemployed please give your most recent post with date of finish & reasons for this)			
Name and address of Employer	Employer's business	Dates (If you are currently unemployed please give date if finish of last employment & reason for unemployment.)	Grade and present salary
Do you have any additional employment which you intend to continue if appointed to this post? Please detail the nature of the work and the hours.			
Period of notice required or termination date.			
How many periods of absence from work due to sickness have you had in the last 3 years?			
How many days of absence due to sickness have you had in the last 3 years?			

Duties and responsibilities of your current or more recent post:

Please demonstrate that you have the experience, skills & knowledge as required on the person specification.
(continue on separate sheet if necessary).

C Previous Appointments

Please list, most recent first

Name and address of Employer	Appointment held / Grade and / or salary	Dates	Reason for Leaving

D Referees

Give names, designations and addresses of TWO persons, to whom reference may be made. One should be your present (or most recent) employer, and if you are a recent school leaver, one should be the Head teacher of your last school.

Please note that for positions in contact with children & vulnerable adults we have the right to seek References from any or all-previous employers & line managers prior to interview.

Name:

Name:

1. Position:

2. Position:

Address:

Address:

Post Code:

Post Code:

Tel. No:

Tel. No:

e-mail:

e-mail:

This reference can be requested prior to interview

This reference can be requested prior to interview

Yes

No

Yes

No

N.B. appointment will only be confirmed subject to satisfactory references.



E Additional Information

Any other experience or information not detailed in section B which is considered relevant for this post. This may include any particular skills and qualities, which will help us to assess your suitability. (Continue on separate sheet if necessary).

SIGNATURE: _____

DATE: _____

I declare that the information set out in this application form is true in all aspects and that false information may render me liable for dismissal if I am appointed.

EQUAL OPPORTUNITIES MONITORING FORM

We are an equal opportunities employer and want to ensure that all applicants are considered solely on their merits. Therefore, we need to be able to check that decisions are not influenced by unfair or unlawful discrimination. To help us to do this we should be grateful if you would complete this short questionnaire. Your answers to 1 to 4.1 will be treated with the utmost confidence and will be used only for statistical purposes.

1. What is your ethnic group?

Choose one section from **a** to **e**, then tick the appropriate box in column (2) & also (3) if applicable.

Column (1)	Column (2)	✓	Column (3)	✓
a) White	British		Welsh	
	Irish		English	
	Any other White background			
b) Mixed	White & black Caribbean			
	White & Black African			
	White & Asian			
	Any other mixed background			
c) Asian or Asian British	Indian			
	Pakistani			
	Bangladeshi			
	Any other Asian background			
d) Black or Black British	Caribbean			
	African			
	Any other Black background			
e) Chinese or Other Ethnic group	Chinese			
	Any other			

Confidential

YES NO

EQUAL OPPORTUNITIES MONITORING FORM

2. **Gender:** Female Male 3. **Marital Status:** Married Single

4. **Disability:**

Applicants with disabilities will be invited for interview if the essential job criteria on the Person Specification are met.

4.1 Do you consider yourself to be a person with a disability as described by the Disability Discrimination Act 1995?

i.e. Do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities?

YES NO

