



Balmoor Dental Surgeries

www.balmoordental.co.uk

Please complete this form in your own handwriting, using black ink.

1. POST DETAILS

Position applied for:

2. PERSONAL DETAILS

Surname:

Forename(s):

Title:

Address and Postcode:

National Insurance No:

E-mail Address:

Mobile No:

Telephone No. (home):

Telephone No. (work):

Do you require a permit to work in the UK?

Doctors Name:

Address:

Telephone No:

3. ADVERTTISEMENT SOURCE

Where did you see this vacancy advertised?

If newspaper, please state which one?

4. DATA PROTECTION ACT 1998

The information on this form will be used for the purposes of selection for employment. Access to the data will be restricted to management personnel and the interview panel. If you are appointed, the application form will be placed in your personal file and the information stored in the computerised personnel system.

CONSENT: I hereby consent to the processing of the data on accordance with the current data protection legislation.

Signature:

Date:

5. RECRUITMENT POLICY

It is our group policy to employ the most suitable candidate and provide equal opportunities for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, nationality, sex, marital status, disability or age.

6. SECONDARY EDUCATION		
Schools attended from age 11	Subjects	Results

7. FURTHER AND HIGHER EDUCATION			
List all colleges, polytechnics or universities attended (give details of examinations taken and results awarded or awaiting)			
College / University	From	To	Qualifications Obtained & Grade(s)

8. MEMBERSHIP OF PROFESSIONAL INSTITUTES		
Name Of Institute	Current Status	Date awarded

9. DENTAL QUALIFICATIONS
For example Dental Nurses National Certificate, Diploma in Dental Hygiene, Dental degree and postgraduate qualifications

10. GDC REGISTRATION NUMBER
If appropriate:

11. COURSES ATTENDED: Dental and Non-Dental (for example CPR, Practice Management, Dental Receptionist Programme)

Course Details:

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12. EMPLOYMENT HISTORY (MOST RECENT FIRST)

DATES

EMPLOYERS NAME
AND ADDRESS

POST HELD AND
MAIN DUTIES

REASON FOR
LEAVING

DATES	EMPLOYERS NAME AND ADDRESS	POST HELD AND MAIN DUTIES	REASON FOR LEAVING

13. PLEASE GIVE DETAILS OF ANY FRIENDS OR RELATIVES WITHIN THE GROUP

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14. PLEASE GIVE DETAILS IF YOU HAVE PREVIOUSLY WORKED FOR THE GROUP

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15. PLEASE GIVE DETAILS OF HOBBIES, INTERESTS OR PASTIMES ETC.

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16. ADDITIONAL INFORMATION **YES** **NO**

<p>Have you ever left a job or training on the grounds of ill health or had a job modified for health reasons? If yes, please indicate the nature of the health problem below</p> <p>Do you have any health condition now that would require the post to be modified for you? If yes, please give further details below</p>

17. ATTENDANCE HISTORY

<p>During the last two years how many times have you taken sick leave?</p>
<p>Approximately how many working days does this add up to?</p>
<p>What were the reasons for the absence(s)?</p>

18. REFEREES

<p>Name, Address and Occupation of two referees. One of these referees should be your current or most recent employer. <i>*Please indicate below if you have any objections to a referee being contacted prior to interview.</i></p>	
<p>1. Name and Address of Referee:</p>	<p>2. Name and Address of Referee:</p>
<p>Phone No:</p>	<p>Phone No:</p>
<p>Occupation:</p>	<p>Occupation:</p>

19. DECLARATION (PLEASE READ CAREFULLY)

I understand that:

- Appointment to this post is conditional on the information supplied with my application being correct.
- Where canvassing or deliberate statement of false information is found to have occurred, and if appointed, you shall be liable to be dismissed without notice.

Signature:

Date:

FURTHER INFORMATION:

Please use this space to tell us why you are applying for this post and the skills and experience you will bring to it.