**Job Application Form**

Please **complete all sections** of this application form (using ‘not applicable’ where appropriate). However, all applicants **must sign and date the form at the bottom of page 4. If applying by email your name and date in this box is sufficient.** The equal opportunities information will be detached from your application and retained for monitoring purposes; this ensures your application is dealt with objectively.

Please ensure to attach a copy of your CV to this application form.

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| **Data Protection Act**  Information from this form will be processed in accordance with the Data Protection Act 2018. In signing it you agree to this data being held and processed. If appointed to the job you also agree to further information, including sensitive data (e.g. bank details, medicals etc.) being held and processed by The Village Surgeries Group. |

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| **Job Title of Position Applied for** |
| Job Title of position applied for: |

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| **Personal Details** | |
| First Name(s): | Surname: |
| Known as: | |
| Address: | |
| Postcode: | |

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| **Telephone Numbers** | |
| Home: | Mobile: |
| E-mail address: | |
| How can we contact you? Telephone/E-mail/Mobile (Please delete as appropriate) | |

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| **Job Description & Person Specification** |
| A detailed written job description and person specification are used by the Village Surgeries Group to allow us not only to focus on the skills and experience required for the job but also in documenting those requirements, we aim to demonstrate an objective approach. Detailed below are some of the skills, and qualities which **may** be relevant to the vacancy for which you have applied.  Using the job description and person specification provided, please give details and examples of any experience in these areas. Please do not be concerned if you cannot complete each box as the mix of qualities and skills will vary for each position. In addition, should you be called for interview, you will have further opportunity to relate your current or previous work experience and personal skills to the person specification. |
| **Numeracy** |
| Please give details of any qualifications or experience which demonstrate numerical skills. |

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| **IT Skills** |
| How proficient are you in the following?   |  |  |  |  | | --- | --- | --- | --- | |  | **Not at all** | **Somewhat** | **Very** | | Word |  |  |  | | Excel |  |  |  | | PowerPoint |  |  |  | | Outlook |  |  |  | | Publisher |  |  |  | | Windows |  |  |  | | Emailing |  |  |  | | Internet |  |  |  |   Have you any knowledge/experience of EMIS clinical software? Yes/No |

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| **Customer Interface** |
| Please write about any experience you have of interaction with the public, either at your workplace or as a volunteer. What do you think are the advantages and disadvantages of a role which requires daily direct contact with service-users? |

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| **Learning and Development** |
| Describe a new skill you have recently acquired. This may be because of a training course or a new hobby or sports activity. |

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| **Organisational Skills** |
| Please describe a time when you have had to use organisational skills; this could be an event for family or friends, co-ordination of an activity or sport, or at your place of work. |

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| **Other Information** |
| Do you have a current driving licence? Yes/No (Delete as appropriate)  Formal Educational/Vocational Qualifications: |

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| **Other** |
| Please us this box to include anything else which you feel may be relevant to your application *e.g. if you are a full-time student or have not worked due to caring responsibilities.* |

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| **Signature and date** | |
| Signature: | Date: |