

## Application Form

### Application for employment as Patient Coordinator

*Please complete this form and submit with a copy of your CV, which must include employment history by month and year. You are also required to provide two references who can verify your employment history for the preceding 3 years, and to complete the self-declaration form which is also available on our website*

[www.windrushmedicalpractice.co.uk](http://www.windrushmedicalpractice.co.uk)

SURNAME:
FIRST NAME:
OTHER NAMES:
ADDRESS:
HOME TEL NO:
MOBILE TEL NO:
EMAIL:

Please enter below details of education and training

EDUCATION	TRAINING

Please provide details of your **current** employment

NAME OF EMPLOYER:	
ADDRESS:	
JOB TITLE:	
DUTIES:	
RATE OF PAY:	
DATE EMPLOYED FROM:	TO:
REASON FOR LEAVING:	

Please provide information on your **previous** employment history by **MONTH** and **year**. Please highlight any gaps in employment history with a brief explanation.

NAME OF EMPLOYER:	
ADDRESS:	
JOB TITLE:	
DUTIES:	
RATE OF PAY:	
DATE EMPLOYED FROM:	TO:
REASON FOR LEAVING:	

Previous employer (2)

NAME OF EMPLOYER:	
ADDRESS:	
JOB TITLE:	
DUTIES:	
RATE OF PAY:	
DATE EMPLOYED FROM:	TO:
REASON FOR LEAVING:	

Previous employer (3)

NAME OF EMPLOYER:	
ADDRESS:	
JOB TITLE:	
DUTIES:	
RATE OF PAY:	
DATE EMPLOYED FROM:	TO:
REASON FOR LEAVING:	

Previous employer continued: should you need further space, please provide this on a separate piece of paper.

Please tell us why you have applied for this post, about other jobs you have done and about the skills you have used or learned in those posts.

Can you be flexible in your hours if business needs require?

YES

NO

Please tell us what is your perception of Patient Confidentiality?

Please tell us where you found the advert for this position?

If you have a disability please tell us about any adjustments we may need to make in order to assist you at interview

What is your availability for interview?

When would you be able to start?

Have you ever been convicted of a criminal offence?

 YES NO

Would you be willing to participate in a telephone interview?

 YES NO

*Should you not have enough space to provide all your information please present this on a separate piece of paper.*

Please provide details for two employer references who can verify your employment for the preceding 3 years. If you are unable to provide employer references, please provide details of any character references along with their relationship to you.

No approach will be made to your present employer before an offer of employment is made to you.

Reference 1

Name:

Company:

Position Held within the company:

Telephone Number:

Email address:

Reference 2

Name:

Company:

Position Held within the company or relationship to you:

Telephone Number:

Email address:

I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in my dismissal.

Name:

(Please enter in capitals)

Signature:

Date: