

**SURNAME:** 

FIRST NAME:

Windrush Health Centre Welch Way Witney, Oxon OX28 6JS Tel 01993 702911

www.windrushmedicalpractice.co.uk

## **Application Form**

## **Application for employment as a General Practitioner Assistant**

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

OTHER NAMES:	
ADDRESS:	
HOME TEL NO:	
MOBILE TEL NO:	
EMAIL:	
Please enter below details of education and EDUCATION	TRAINING
EDUCATION	TRAINING
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Please provide details of your <b>current</b> employens NAME OF EMPLOYER:	5 / 1110110
ADDRESS:	
JOB TITLE:	
DUTIES:	
RATE OF PAY:	
DATE EMPLOYED FROM:	TO:
REASON FOR LEAVING:	
Please provide information on your <b>previous</b>	
<b>year.</b> Please highlight any gaps in employmed NAME OF EMPLOYER:	ent history with a brief explanation.
ADDRESS:	
JOB TITLE:	
JOB TITLE:	
JOB TITLE: DUTIES:	
DUTIES:	
DUTIES:  RATE OF PAY:	TO:
DUTIES:  RATE OF PAY:  DATE EMPLOYED FROM:	TO:
DUTIES:  RATE OF PAY:	TO:



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Previous employer (2)		
NAME OF EMPLOYER:		
ADDRESS:		
JOB TITLE:		
DUTIES:	_	
DOTIES.		
RATE OF PAY:		
DATE EMPLOYED FROM:	TO:	
REASON FOR LEAVING:		
Previous employer (3)		
NAME OF EMPLOYER:		
ADDRESS:		
JOD TITLE		
JOB TITLE:	_	
DUTIES:		
DATE OF DAY.		
RATE OF PAY:	то.	
DATE EMPLOYED FROM:	TO:	
REASON FOR LEAVING:		
·		

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



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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 flevible in your hours if business needs require?
Can you be flexible in your hours if business needs require? YES NO  Please tell us what is your perception of Patient Confidentiality?
riease tell us what is your perception of Fatient Confidentiality:
Please tell us where you found the advert for this position?
If you have a disability places tell us about any adjustments we may need to make
If you have a disability please tell us about any adjustments we may need to make in order to assist you at interview
in order to assist you at interview



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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:			



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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:	