

CONFIDENTIAL APPLICATION FORM

Please complete in type or back ink

POSITION:	CLOSING DATE: Ref no of post:
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Title: Mr, Miss, Mrs, Ms, Dr Surname: Forenames: Previous surname:	Date of birth: Home Phone: Mobile: email:
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Address for Correspondence: Postcode:	Permanent Address (if different) Postcode:
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GENERAL EDUCATION/QUALIFICATIONS

Name of Secondary School/College	From	To	Subjects	Level/Grade	Year

FURTHER EDUCATION & PROFESSIONAL TRAINING

Name & Address of Establishment	From	To	Qualifications obtained	Year

Professional registration body: Registration/Pin No: Expiry Date:
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Academic/Professional Qualifications currently being studied for:	Expected completion date:
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CURRENT EMPLOYMENT

Employer:	
Address:	
.....	
Date Commenced:	Position held:
Reason for leaving/seeking a change:	
Notice Period:	Current salary per annum:
Main duties & responsibilities	
.....	

PREVIOUS EMPLOYMENT over at least the last 10 years - starting with your most recent

Employer - Name & Address	From	To	Position Held/Speciality & Salary (State grade if NHS)	Reason for Leaving

REFEREES

<p>1. Please give details of current/most recent employer. If shortlisted, may we approach prior to interview? YES/NO</p> <p>(Block capitals please)</p>	<p>2. Please give details of one other person (not a relative) who can give a work related or professional reference. If shortlisted, may we approach prior to interview? YES/NO</p> <p>(Block capitals please)</p>
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Name: Mr, Mrs, Miss, Ms, Dr	Name: Mr, Mrs, Miss, Ms, Dr
Position:	Position:
Address:	Address:
Tel No:	Tel No:
Fax No:	Fax No:
email:	email:

Please outline below your relevant experience and achievements to support your application. (Continue on a separate A4 sized sheet if necessary).

ADDITIONAL INFORMATION

Where did you learn of this vacancy?	
Have you previously applied for a post with the Surrey Cardiovascular Clinic?	YES/NO
If yes, please give date & details:	

Do you hold a current driving licence?	YES/NO
Do you require a Work Permit?	YES/NO
What is your National Insurance No.?
How many days sickness absence have you had in the last two years?
On how many occasions?

DISCLOSURE INFORMATION

a) Are you related to a member of the Surrey Cardiovascular Clinic?	YES/NO
If YES, please give details:	
b) Because of the nature of the work concerned, this post is exempt from Rehabilitation of Offenders Act 1974. You are required to declare prosecutions, cautions or convictions including those considered "spent" under the Act. Any such information given will be completely confidential and will be considered only in relation to your application for this post. In order to fulfil this requirement, would you please complete the following details.	
Have you been convicted of a criminal offence, been bound over or cautioned, or are you currently the subject of any police investigations, which might lead to a conviction, an order binding you over or a caution in the United Kingdom or any other Country?	
	YES/NO
If YES 1) What date did this take place?	
2) What is the charge? (state details of the offence, binding over/caution)	
.....	
3) In which authority/Country did it take place?	
c) Have you been, or are you currently subject to any fitness to practise proceedings by an appropriate licensing or regulatory body in the United Kingdom or any other Country	
	YES/NO
IF YES 1) Details of the proceedings	
2) Date of proceedings.....	
3) County, name & address of licensing or regulatory body.....	
d) IMPORTANT NOTICE: The following may result in disqualification:	
(i) Canvassing a member of the Surrey Cardiovascular Clinic. (ii) Failure to disclose a relationship with a member of the Surrey Cardiovascular Clinic. (iii) Failure to disclose that you have you been convicted of a criminal offence, been bound over or cautioned, or are currently the subject of any police investigations, which might lead to a conviction, an order binding you over or a caution in the United Kingdom or any other country. (iv) Failure to disclose fitness to practise proceedings by an appropriate licensing or regulatory body in the United Kingdom or any other Country	
<i>I certify that the above information and any supporting information attached is correct and accept that false information given may result in the termination of any subsequent employment gained. I understand that all appointments are subject to medical assessment.</i>	
Signature:	Date:

Specialists in Cardiovascular Medicine
The Surrey Cardiovascular Clinic Ltd 5 Huxley Road Guildford GU2 7RE
Reception Phone 01483 467100 Referrals Fax 01483 467120 Email reception@scvc.co.uk Patient helpline 01483 467130
Website Information www.cardiovascularclinic.co.uk

Registered in England. Company No: 5488094

