

Application for Employment

- Please complete this form in **black** ink
- Please complete all sections.

 If any question does not apply to you, please write 'Not applicable' or 'N/A'.
- Please ensure that any additional sheets provided are attached securely to this form, and clearly indicate to which section of the application form they apply.
- CVs can be attached and sent with a **fully** completed application form.
 CVs on their own will not be accepted.

Post applying for [Please tick	as appropriate]		
Please specify			
Where did you see this job adver	tised?		
1. Personal Details [Please uso	e block capitals]		
Title [Dr / Mr / Mrs / Miss / Ms]			
Forenames			
Surname			
Address			
		Postcode	
Telephone Number [Home]			
Mobile Number			
Email			
Preferred contact method			

2. Present & Previous Employment - for the last 10 years [Present / most recent first]						
Job Title	Name & Address of Employer	From	То	Salary	Notice Required	
Key Responsibilities						
Reason for Leaving						
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Key Responsibilities						
Reason for Leaving						
Job Title	Name & Address of Employer	From	То	Salary	Notice Required	
Key Responsibilities						
Reason for Leaving						

3. Education / Qualific	cations and Training Courses		
School / College / University / Training Provider	Qualifications	Dates	Grades
4. Health			
Number of days where y	you have been off sick during the last 12 months		
Please list number of separate occurrences of illness in the last 12 months			

5. Statement in support of your application

 Please explain why you are applying for this role and why you are suitable for the position, by providing evidence through examples of your most relevant experiences, using any competencies which best illustrate your suitability for the post and Devon Doctors. Please give details of relevant experience which may have been gained inside or outside of work.

6. Other Information					
Do you hold a clean driving licence? [Please tick relevant box]	Yes	No			
Transport links to our bases during the out-of-hours period can be spasmodic; therefore do you have access to transport to enable you to attend bases in order to undertake the full range of potentially available shifts i.e. nights / weekends and evenings?	Yes	No			
Are you related to or know any Board member or Employee within the Company?	Yes	No			
Please give details if 'Yes'					
Have you previously worked for the Company or one of its predecessor organisations?	Yes	No			
If yes, please give start and finish dates					
Position held					
Do you require a work permit to take up work within the UK?	Yes	No			

7. Rehabilitation of Ex-Offenders Act

- I confirm that to the best of my knowledge the details supplied are correct. I understand that the post applied for is not protected by the Rehabilitation of Offenders Act 1974 and that I must disclose all information about all criminal convictions, (if any), no matter when they occurred. I accept that the failure to disclose all previous convictions could lead to an offer of employment being withdrawn or employment being terminated.
- If successful in your application, we will require a Disclosure from you to cover the Criminal Record Bureau requirements.

Have you ever been convicted of a criminal offence?	Yes	No	
Have you ever received a formal Police caution or appeared before a court martial or been bound over by a court?	Yes	No	

If you have answered yes to any of the above, please give details

8. Equality & Diversity

- Devon Doctors welcomes applications from people with disabilities and will guarantee an interview to all disabled candidates who demonstrate they meet the essential requirements of the post.
- The information requested below will help us to ensure that disabled candidates have fair and equal access to recruitment opportunities and that we fulfil our obligations under the Equality Act 2010.

Do you consider yourself to have a disability?	Yes	No	
If yes, and you are selected for interview, would you welcome a pre-interview discussion to identify any requirements you may have?	Yes	No	
Would the provision of any aids or reasonable adjustments assist you in carrying out the duties of the post? [If yes, this will be discussed with you at interview]	Yes	No	

9. Referees [Please provide two references from Present and Previous Employers]						
Name						
Company		Position				
Address						
			Postcode			
Telephone	Email					
Date Left						
May we approach referee if you are call	led for an in	terview?		Yes	No	
Name						
Company		Position				
Address						
			Postcode			
Telephone	Email					
Date Left						
May we approach referee if you are call	ed for an in	terview?		Yes	No	

10. Declaration

The information given throughout this application is accurate.

Signature		Date	
Name [Pleas	e Print]		

Return your completed application form to:

Human Resources Department
Devon Doctors Ltd
Unit 8 Manaton Court
Manaton Close
EXETER
EX2 8PF

11. Recruitment Monitoring Information

- Our vision is to be an organisation consistently delivering an improving quality of life for all our clients and staff. To help us achieve this, Devon Doctors is committed to a policy of Equal Opportunity in employment. Applications are welcomed from eligible candidates irrespective of age, race, colour, nationality, ethnic origin, disability, gender, marital status, sexual orientation or religion.
- To measure the effectiveness of our Equal Opportunities Policy we need to monitor applicants and employees so that we can review our selection criteria and procedures and ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.
- For this reason we have asked you to provide the information requested on this form. The information will be recorded confidentially on our HR systems and will not be referred to during the selection process. If you are successfully appointed to the post, it will be used to update our HR/Payroll records to support workforce planning.
- Once completed please return the questionnaire, with your application form, to Human Resources.

Thank you for your cooperation.