

Mediwell Clinic
1C, Lansdowne Road, London, N17 0LL

Please ensure that you complete the application form in full as we cannot accept CVs. Please complete using black ink and in block capitals. This form will be kept in confidence.

Please note that no applicant will be unfairly discriminated against. This includes discrimination on account of age, cultural/religious/political belief, disability, ethnicity, gender, race, relationship status, sexual orientation, and/or Trade Union membership or stewardship.

If you have any special requirements to support you to complete this form (e.g. the need for large print or additional time) please contact Nurten Cetin on 02039510203.

Position	
Position applied for:	
Preferred employment type (e.g. part time, full time):	
Personal Details	
Surname:	First name(s):
Current Address:	Postcode:
Telephone number (home):	Telephone number (mobile):
Email address:	
Own Transport Yes/No	How long has your licence been held?
Details:	
Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National (please circle)? YES / NO	National Insurance Number:
If no, please detail current immigration status and the relevant visa currently held (including Visa number):	Are you are related to a member of staff or Patient at Mediwell Clinic, please circle only: YES / NO
Equality Act 2010	
<p>Under the Equality Act 2010, the definition of disability is if you have a physical or mental impairment that has a "substantial" and "long term adverse effect" on your ability to carry out normal day-to-day activities. Further information regarding the definition of disability can be found at: www.gov.uk/definition-of-disability-under-equality-act-2010.</p> <p>For the purposes of this application and the interview stage only, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process?</p> <p>YES / NO / PREFER NOT TO DISCUSS</p>	

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Education

School/College/University	Examinations Passed, Qualifications Gained and Year Obtained (All qualifications will be subject to a satisfactory check).

Training Courses Attended Or Completing

Subject (Evidence of attending courses is required)	Location/Details	Date

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Employment History

Please record below the details of your full employment history beginning with your current or most recent first. Use a separate attached sheet if required; please sign the sheet(s).

Name and address of your most recent/last employer:	
Start date and end date:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of employer prior to the employer listed above:	
Start date and end date:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
Name and address of employer prior to the employer listed above:	
Start date and end date:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	

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Name and address of employer prior to the employer listed above:	
Start date and end date:	
Nature of business:	
Position held and reason for leaving:	
Salary / Rate:	
<p>Please detail here any gaps in employment and state why:</p>	

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Supporting Statement

Please add here your reasons for applying. You should refer to the job description and person specification to guide you. It would also be of value to describe particular strengths and talents that set you apart from others as well as including skills gained from work, home and other activities.

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References: Please provide names, addresses and telephone numbers for referees below who we may approach for a reference.

In line with CQC requirements, we require references (or other satisfactory evidence as the employer may determine) from all previous employers concerned with the provision of services relating to health or social care, or children or vulnerable adults which should include details of why their employment came to an end (note that this is not time limited).

If your previous employment does not concern the provision of services relating to health or social care, or children or vulnerable adults, you must provide references from your two most recent employers.

Please provide two character references if you are unable to obtain two professional references, e.g. in the case of an applicant who has been raising children for ten years. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.

	Referee One	Referee Two
Contact Name:		
Business Name:		
Address:		
Postcode:		
Telephone:		
Email:		
Capacity in which known		
	Referee Three	Referee Four
Contact Name:		
Business Name:		
Address:		
Postcode:		
Telephone:		
Email:		
Capacity in which known		
	Additional Referee	Additional Referee
Contact Name:		
Address:		
Postcode:		
Telephone:		
Email:		
Professional / Character:		

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Safeguarding Ex-Offenders Declaration

Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest of confidence.

Rehabilitation of Offenders Act 1974 - Mediwell Clinic aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. Mediwell Clinic undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared. Answering 'yes' to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the particular circumstances.

Are you currently bound over or do you have any current UNSPENT convictions that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?

YES

NO

Do you have any current UNSPENT police cautions, reprimands or final warnings in the United Kingdom or in any other country?

YES

NO

Staff as Patients

I understand that if I am currently a patient at Mediwell Clinic I may be asked to register at another practice if I am successful in the interview process.

Privacy - Mediwell Clinic will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to Mediwell Clinic holding the information contained within this application form. If successfully shortlisted, data will also include shortlisting scoring and interview records. We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you). When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles. We have privacy policies that you can request for further information. Please be assured that your data will be securely stored by Mediwell Clinic and only used for the purposes of recruiting for this vacant post. You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time please contact Semiha Dogus or Practice Manager on 02039510203.

Declaration

The information in this application form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by Mediwell Clinic. Where applicable, I consent that Mediwell Clinic can seek clarification regarding professional registration details.

Name:

Date:

Signature