

Yorkley & Bream Surgery

EMPLOYMENT APPLICATION FORM

If there is insufficient space in any section for your answers, or if there is other information you feel would be relevant to the application, please include additional sheets.

1.0 PERSONAL DETAILS:

Post applied for: Receptionist	
Surname:	First Name(s):
Address and Postcode:	
Telephone No: Daytime:	Evening:
E-mail address:	
Are you legally eligible for employment in the UK?	Yes/No
Do you require a work permit to work in the UK?	Yes/No
<i>Please note that prior to making an offer of employment, we are required by law to verify documentary evidence (and maintain copies for our files) regarding a candidate's eligibility to work in the UK. This applies to all applicants regardless of nationality/origin.</i>	
Have you any criminal convictions? <i>(Please note that the successful candidate will be required to undergo a check with the Disclosure and Barring Service)</i>	
Yes/No (delete as applicable) If yes please give dates and details:	

Yorkley Health Centre, Bailey Hill, Yorkley, GL15 4RS, Tel: 01594 562 437
Bream Surgery, Beech Way, Bream, GL15 6NB, Tel: 01594 562 437

www.yorkleyhealthcentre.nhs.uk

yorkley.secretary@nhs.net

reception.yorkleyhealthcentre@nhs.net

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3.0 PREVIOUS EMPLOYMENT *(most recent first - you may include unpaid work)*

Please give a brief explanation of any periods of unemployment

Employer's Name and Address	Title of Post Held & Brief Description of Duties	Hourly rate	Hours per week	Start date	Finish date	Reason for leaving

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4.0 EDUCATION AND QUALIFICATIONS *(most recent first)*.

Please include details of any qualifications for which you are currently studying/expect to attain.

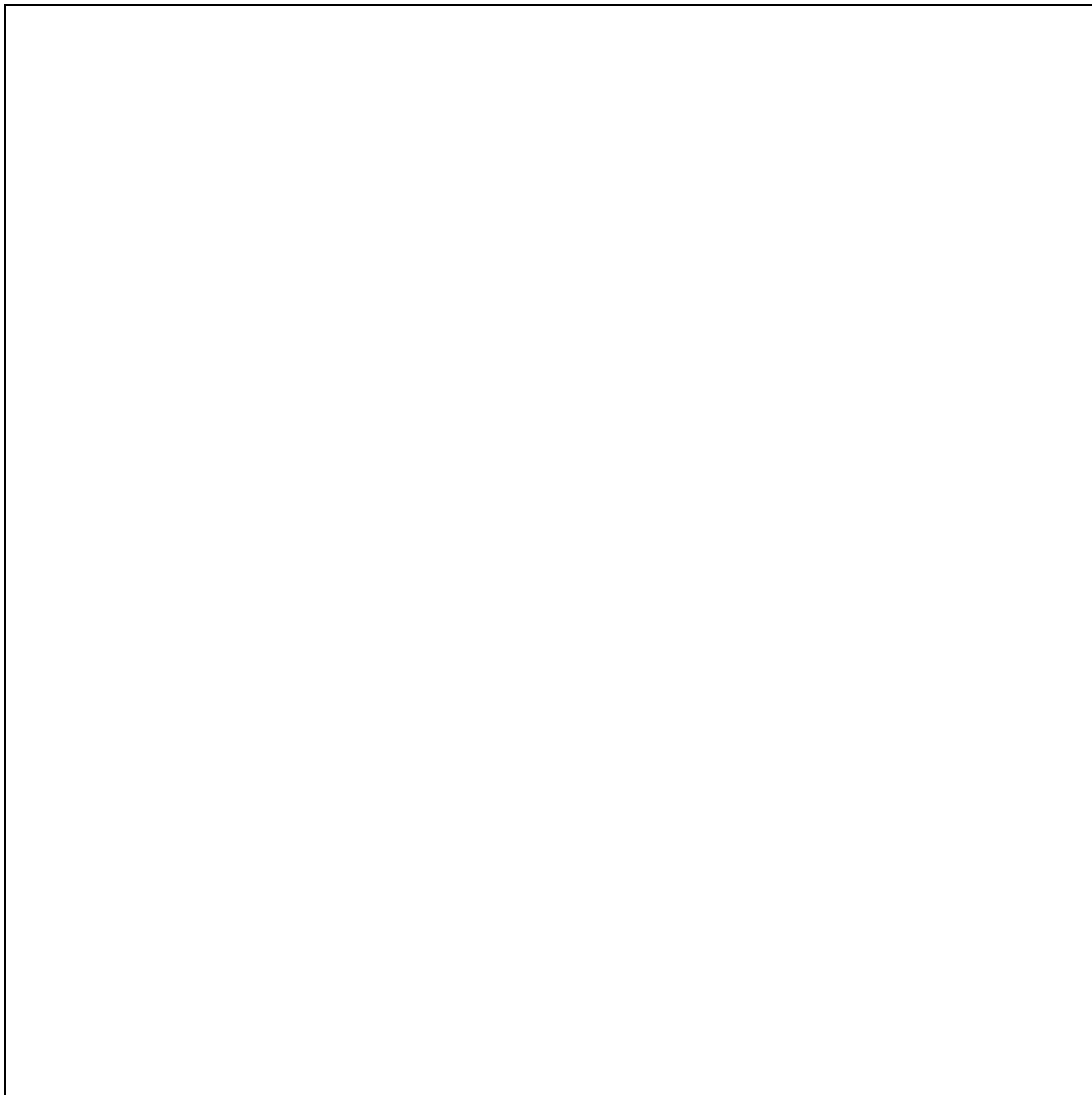
Schools, Colleges, Universities or other Training organisations	From	To	Subject, type of qualification and grades (if awarded)

5.0 PERSONAL INTERESTS/HOBBIES (please tell us what you like to do in your spare time).

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Vacancy: Receptionist 23 hrs per week + Cover
Closing Date: Wed 02 April 2025

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6.0 REFERENCES

Please give the name, address and telephone number of two people who would be willing to give you a reference, one of who should be your current/most recent employer.

Name	Name
Job Title (if applicable)	Job Title (if applicable)
Address	Address
Postcode	Postcode
Telephone	Telephone
How does this person know you?	How does this person know you?
If required, may we take up reference before interview? Yes / No (delete as applicable)	If required, may we take up reference before interview? Yes / No (delete as applicable)

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7.0 FURTHER INFORMATION IN SUPPORT OF THIS APPLICATION

Why do you think you would be a good applicant for the post? *(Include any experience you have gained, skills you have to offer (for example, IT skills) and personal qualities. This may include work and voluntary/domestic activities (e.g, school committees, charity work).*

Please continue on an additional sheet if necessary

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8.0 GENERAL

If you are selected for interview is there anything we need to take into account, or special arrangements we may need to make, in order for you to attend for interview?

Yes / No (delete as applicable)

If yes, please give details:

Please note that there is a non-smoking policy covering all Practice premises

9.0 APPLICANT'S DECLARATION

I hereby give my consent, in connection with this application, for all previous employers, educational institutions and references to be contacted to obtain and verify the accuracy of information provided by me in support of this application. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of the application or immediate termination of employment, whenever it may be discovered. I understand that Drs Edwards, Hayes, Cleary & Grant are permitted to hold personal information about me as identified on this application form as part of its recruitment procedures and personnel records.

Note: Drs Edwards, Hayes, Cleary & Grant is an equal opportunities employer and does not unlawfully discriminate in employment. No information provided by the applicant will be used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by law.

Applicant's signature:	Date:

Completed forms should be emailed to gayle.sykes@nhs.net or marked confidential and sent to Mrs Gayle Sykes at Yorkley Health Centre – thank you.

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