## HARLESTONE ROAD DENTAL PRACTICE

99 HARLESTONE ROAD, NORTHAMPTON, NN5 7AB TEL: 01604 751857

APPLICATION FORM

**POSITION APPLIED FOR:** **Part time/Full time:**

***PERSONAL DETAILS:***

|  |  |  |
| --- | --- | --- |
| SURNAME…………………………………….…. | FIRST NAMES…………………………... | TITLE…………. |
|  |  |  |
| ADDRESS………………………………………… | NI NUMBER.............................................. |  |
|  |  |  |
|  |  |  |
|  |  |  |
| TEL: NO (Daytime)………………………………….. |  |
| (Evening)………………………………….. |  |  |
| E-mail |  |
|  |  |  |
| ARE YOU A CAR OWNER:…………………………..…YES / NO (Please circle appropriate) |  |
|  |  |  |
| DO YOU HAVE A CLEAN DRIVING LICENCE………YES / NO (Please circle appropriate)If no, please give details of endorsement |
|  |
| DO SPEAK ANY FOREIGN LANGUAGES…….…….….YES / NO (Please circle appropriate) |  |
|  |  |  |  |
| ARE THERE ANYRESTRICTIONS ON YOU TAKING UP EMPLOYMENT IN THE UK ? YES/NOIF YES, PLEASE PROVIDE DETAILS:  |  |
|  EXPECTED SALARY......................  |  |  |  |
| ***WORK HISTORY:*** |  |
|  | POSITION HELD ………………………………………… |  |  |
| **PRESENT EMPLOYER:** |  |  |  |
|  | DUTIES IN THIS POSITION  |  |  |
| NAME….................................. | …………………………………… |
|  | …………………………………… |
| ADDRESS…........................................................... | …………………………………… |
|  …………………………………………. | …………………………………… |
|  …………………………………………. | …………………………………… |
|  | …………………………………… |
| TEL NUMBER ……………………………………. |  |
|  |  |
| REASONS FOR LEAVING ………………………………………………………….. |  |
|  |  |  |  |
| DATE EMPLOYMENT STARTED............... TOTALTIME PERIOD IN THIS EMPLOYMENT..............PERIOD OF NOTICE.....................................  |  |
|  |  |  |  |
|  |  |  |  |

APPLICATION FORM CONTINUED

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| **\* PREVIOUS WORK HISTORY**   |

|  |
| --- |
| **Please complete this section if you have been in your present employment less than three years.** |
|  |  |
| **EMPLOYER**  |  |
|  |  |
| NAME………………………………………………… | POSITION HELD…………………………………… |
|  |  |
| ADDRESS……………………………………………. | DUTIES IN THIS POSITION ……………………………….. |
|  …………………………………………….. | ……………………………….. |
| …………………………………………….. | ……………………………….. |
|  |  |
| TEL. NUMBER………………………………………. | DATE OF COMMENCEMENT …………………………….. |
|  |  |
| REASON FOR LEAVING ………………………………………………………………... |
|  |
| **Please complete this section if you have been in your present employment less than three years.** |
|  |  |
| **EMPLOYER**  |  |
|  |  |
| NAME………………………………………………… | POSITION HELD ………………………………… |
|  |  |
| ADDRESS……………………………………………. | DUTIES IN THIS POSITION ……………………………….. |
|  …………………………………………….. | ………………………………... |
| …………………………………………….. | ……………………………….. |
|  |  |
| TEL. NUMBER………………………………………. | DATE OF COMMENCEMENT …………………………….. |
|  | DATE OF TERMINATION ………………………………….. |
| REASON FOR LEAVING ……………………………………………………………………………………………….... |
|  |
| **Please complete this section if you have been in your present employment less than three years.** |
|  |  |
| **EMPLOYER**  |  |
|  |  |
| NAME………………………………………………… | POSITION HELD ………………… |
|  |  |
| ADDRESS……………………………………………. | DUTIES IN THIS POSITION ……………………………….. |
|  ……………………………………………. | ……………………………….. |
| …………………………………………… | ……………………………….. |
|  |  |
| TEL. NUMBER………………………………………. | DATE OF COMMENCEMENT …………………………….. |
|  | DATE OF TERMINATION..................................................... |
|  |  |
| REASON FOR LEAVING ………………………………………………………………... |
|  |

##### APPLICATION FORM CONTINUED

**EDUCATION HISTORY (SINCE AGE 11)**

|  |  |
| --- | --- |
| SCHOOLS/COLLEGES/UNIVERSITIES ATTENDED | QUALIFICATIONS GAINED (SUBJECTS AND GRADES) |
|  |  |

**DENTAL QUALIFICATIONS** (FOR EXAMPLE DENTAL NURSES NATIONAL CERTIFICATE, DIPLOMA IN DENTAL HYGIENE, DENTAL DEGREE AND POSTGRADUATE QUALIFICATIONS)

|  |
| --- |
|  |

**OTHER QUALIFICATIONS**

|  |
| --- |
|  |

**COURSES ATTENDED** – DENTAL AND NON-DENTAL (FOR EXAMPLE CPR, PRACTICE MANAGEMENT, DENTAL RECEPTIONIST PROGRAMME)

|  |
| --- |
|  **COURSE TITLE**  |

**GDC REGISTRATION NUMBER** (IF APPROPRIATE) ……………………………………………………….

**PCO LIST NUMBER** (IF APPROPRIATE) ……………………………………………………………………...

# MEMBERSHIP OF PROFESSIONAL ORGANISATIONS

**ABOUT YOU:**

PLEASE USE THIS SPACE TO TELL US WHY YOU ARE APPLYING FOR THIS POST AND THE SKILLS AND EXPERIENCE YOU WILL BRING TO IT.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

APPLICATION FORM CONTINUED

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| WHAT APPEALS TO YOU ABOUT THIS POSITION? ………………………………………………….. |
|  …………………………………………. |
| WHY SHOULD WE EMPLOY YOU? …………………………………………………… |
|  …………………………………………. |
|  |
| WHAT ARE YOUR FUTURE DEVELOPMENT PLANS?  |
| …………………………………………… |
|  …………………………………………… |
| TELL ME ABOUT AN OCCASION WHERE YOU HAD TO WORK IN A TEAM WITH OTHERS TO ACHIEVE AN OBJECTIVE. WHAT WAS YOUR ROLE? WHAT MAKES A GOOD TEAM WORKER? | …………………………………………….…………………………………………….……………………………………………. |
|  | ……………………………………………………… |
| GIVE SOME EXAMPLES OF SITUATIONS THAT YOU FIND STRESSFUL. |  |
|  | …………………………………………………………... |
| HAVE YOU PARTICIPATED IN IG TOOL KIT/ IG TRAINING TOOL? IF SO, PLEASE TELL US MORE ABOUT IT. | …………………………………………………………... |
|  | …………………………………………………. |
| HAVE YOU PARTICIPATED IN BDA GOOD PRACTICE SCHEME? IF SO, PLEASE TELL US MORE ABOUT IT. |  |
|  | ………………………………………………… |
| HAVE UOU PARTICIPATED IN ANY AUDIT PROGRAMMES | ………………………………………………… |
|  |  |
| WHICH PART OF THE ROLE IN A DENTAL PRACTICE DO YOU ENJOY THE MOST? | …………………………………………………. |
|  | …………………………………………………. |
|  |  |
|  | …………………………………………………. |
| TELL US ABOUT ANY ADDITIONAL DUTIES YOU MAY HAVE BEEN INVOLVED IN YOUR PREVIOS JOB, APART FROM NURSING? | …………………………………………………. |
|  | …………………………………………………. |
|  |  |
| IF OFFERED THIS POSITION, WILL YOU CONTINUE TO WORK IN ANY OTHER CAPACITY? | YES / NO (Please Explain)……………………………... |
|  |  |
|  |  |

HOW DO YOU FEEL ABOUT BEING FLEXIBLE WITH RECEPTION

AND NURSING DUTIES (JOB INVOLVES A LOT OF RECETION)

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##### \_\_\_\_\_ APPLICATION FORM CONTINUED

Please specify any special arrangements you will need to attend an interview ………………………………………………………………………………………………………………………

**Criminal Record**

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory Disclosure & Barring Certificate from the Disclosure & Barring Service/Disclosure Scotland.

 ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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|  |  |
| **References** |  |
| **PLEASE SUPPLY 2 REFERENCES:** |  |
|  |  |
| NAME ……………………………………………….. | NAME ………………………………………………. |
|  |  |
| ADDRESS …………………………………………… | ADDRESS …………………………………………… |
|  …………………………………………… |  ……………………………………………. |
|  …………………………………………… |  ……………………………………………. |
| TEL: NO. …………………………………………… | TEL: NO. ……………………………………………. |
|  |  |
| OCCUPATION ………………………………………. | OCCUPATION ………………………………………. |
| EMPLOYED:FROM TO IN CAPACITY OF | EMPLOYED:FROM TO IN CAPACITY OF |
| I am willing/I am not willing for my referee to be contacted prior to the interview. |
|  |  |
| APPLICATION FORM CONTINUED**DECLARATION:****1.** I confirm the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated. |  |
| Signature……………………………………………. Date……………… |  |
|  |
|  |  |
| PLEASE NOTE; |  |
|  Any information given on this form found to be false may lead to instant dismissal. |  |
|  |  |
| **EQUAL OPPORTUNITY MONITORING****PRIVATE AND CONFIDENTIAL****Ref No:****Position applied for:**We are equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favorable treatment on the grounds of race, colour, ethnic or national origin, religious belief, sex, marital status, sexual orientation, gender reassignment, age or disability, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.All employees are given equal opportunity and are encouraged to progress within the organization.We are committed to an ongoing programme of action to make this policy fully effective. To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information:**Date of Birth**:……………………**I would describe my ethnic group and sex as: (please tick one for your ethnic group and one for your sex)**1. **White**
* English
* Welsh
* Scottish
* Irish
* Any other White back ground, please specify………………….
1. **Mixed**
* White and Black Caribbean
* White and Asian
* White and Black African
* Any other Mixed background, please specify………………………………
1. **Asian, Asian British, Asian English, Asian Scottis or Asian Welsh**
* Indian
* Bangladeshi
* Pakistani
* Any other Asian background, please specify………………….
 |
|  |
| 1. **Black, Black British, Black English, Black Scottish or Black Welsh**
* Caribbean
* African
* Any other Black background, please specify
1. **Chinese, Chinese Brish, Chinese English, Chiniese Scottish, Chinese Welsh or other Ethnic Group**
* Chinese
* Any other background, please specify
1. **Sex**
* **Male**
* **Female**

**Name……………………………. Signed:……………………………..****Date:………………………….** |