



APPLICATION FOR EMPLOYMENT

Notes and Guidance

Thank you for your interest in the vacancy we have advertised. We hope that these notes and the accompanying details will help you with the application process. It is our aim to make the process of recruitment and selection as open, fair and effective as possible. Please do not hesitate to ask for further information if anything is unclear.

Completing the application form

Please fill in **ALL** sections of the form preferably electronically. You may submit a curriculum vitae in addition to the form if you wish, but your application will be considered on the basis of a fully completed form.

Your application must include a full history, in employment and education in chronological order, with start and end dates.

Any periods not in employment, education or training must be included and explained.

Some important reminders

- The declaration at the end of the form is taken seriously. An application will either be disqualified or, if the applicant has been appointed, dismissal if the information given is knowingly incorrect.
- You must complete your name and date of birth section on the Equal Opportunities form for security purposes.
- Since all staff appointed may be in contact with people under the age of 18, applicants are requested to disclose any criminal conviction, including spent convictions, and may be asked questions about it. The successful candidate may be required to complete a medical questionnaire as well and must be prepared to undergo a medical examination as part of any formal offer of employment being made.
- If you have a disability you may wish to complete your application in a different format, for example, using an application form in large print, or via alternative media. Do not hesitate to get in touch if we can be of assistance in any way.
- All information will be processed and where necessary held in accordance with the General Data Protection Regulations.

What happens next?

The application you make will be shortlisted to make up a list of people who will be invited for interview.

Interviews are usually held between 1 week and 1 month of the closing date for applications. We may contact your referees prior to the interview so that their written opinion can be available at interview. This will include a reference from your current employer.

If you have not received a letter/phone call inviting you for interview within a week of applying for the post, please presume you have not been successful.

If your application is successful, your appointment will be subject to an Enhanced DBS Disclosure application.

If you have any further queries relating to your application, please contact the Practice Manager, Harriet Wardale, on:

practicemanager@plumfielddental.co.uk or by telephone on: 01228 521701.



Part B – Education & Training Cont.

Course/Training Title & Details	Dates

Part C - Referees

Notes: References will not be accepted from relatives or friends. Please give details of two referees, one of whom must be your current employer. References may be taken up for applicants that are invited to interview.

Name:	Address:
Position:	Tel:
	E-mail:
Name:	Address:
Position:	Tel:
	E-mail:

Part D - Employment

Current job details:

Employer:	Job Title:	Salary/Hourly Rate:
Employment commenced:	Reason for looking elsewhere:	
Notice Required:		
Main Duties & Responsibilities:		



Previous Employment (or other relevant experience)

From	To	Employer Name	Job Title	Reason for Leaving	Salary/Hourly Rate

Part E – Employment Suitability

Please use this space to outline your suitability for the post you have applied for e.g. Personal qualities and experience, how you meet the requirements of the role and why you feel you are the correct candidate for the job. Please attach further sheets if necessary.

Part F - Canvassing

Are you related to any member of Plumfield Dental Practice?

If Yes, please give details:

Part G – Data Protection

All parts of the information you provide on this form may be stored in manual and/or computerised files and used for the purposes of personnel/employment administration, including analysis for management purposes and statutory returns. All information will be processed and where necessary held in accordance to GDPR regulations.

Part H – Rehabilitation of Offenders Act 1974 (Exceptions) Order 1995

Because of the work environment for which you are applying this post is 'exempt' from the provisions of the Rehabilitation of Offenders Act 1974. Applicants are required to disclose any convictions, bind-overs or cautions including those which for other purposes are 'spent' under the provisions of the Act. In the event of employment failure to disclose such convictions will result in dismissal. Any information given will be confidential. **IMPORTANT: The section below must be completed.**

Please indicate whether or not you have any previous convictions/formal Police cautions or bind-overs: **YES/NO**

If Yes, please provide details with your application, including your name, in a separate sealed envelope marked confidential.

Part I - Declaration

To the best of my knowledge and belief the information I have given in my application is correct. I declare that I am not on list 99, disqualified from working with children, or subject to sanctions imposed by a regulatory body. I have no convictions, cautions or bind-overs, or have attached details of this in a sealed envelope.

Signed: _____ Date _____

Please return your completed application by email to practicemanager@plumfielddental.co.uk and/or by post to:

Mrs Harriet Wardale – Practice Manager, Plumfield Dental Practice, 82 Warwick Road, Carlisle, CA1 1DZ

Equal Opportunities in Employment

Plumfield Dental Practice is committed to Equal Opportunities. Our aim is to make sure that you and other applicants for jobs are not discriminated against on any of the following grounds: sex, colour, nationality, ethnic origins, religion, sexual orientation or disability. The Equal Opportunities policy aims to make sure that you are not disadvantaged by job conditions or requirements which are not relevant to the vacancy.

Please complete the form below. The information contained within it will be used to monitor the Equal Opportunities Policy, make sure that it is working in practice and to see if any reasonable adjustments need to be made. The information will be used only for monitoring purposes or to make adjustments and will be treated as confidential. It will only be seen by staff assessing the effectiveness of the Equal Opportunities Policy.

If you consider that your application for a job with Plumfield Dental Practice has not been fairly treated, you should write to the Practice Manager with details of your complaint within three months of your application.

Surname	
First name(s)	
Previous Surname(s)	
Date of Birth	
Post Applied for	

Gender: Male Female Other

Please specify which age category you are within:

Under 25 25 – 30 31 – 40 41 – 50 51 – 60 61+

Please tick the box that indicates your ethnicity:

- | | | |
|--|--|--|
| <input type="checkbox"/> Asian or Asian British: Bangladeshi | <input type="checkbox"/> Black or Black British: African | <input type="checkbox"/> Mixed – White & Asian |
| <input type="checkbox"/> Asian or Asian British: Indian | <input type="checkbox"/> Black or Black British: Caribbean | <input type="checkbox"/> Mixed – White & Black African |
| <input type="checkbox"/> Asian or Asian British: Pakistani | <input type="checkbox"/> Black or Black British: Other | <input type="checkbox"/> Mixed – White & Black Caribbean |
| <input type="checkbox"/> Asian or Asian British: Other | <input type="checkbox"/> Chinese | <input type="checkbox"/> Mixed – Any other Background |
| <input type="checkbox"/> White – British | <input type="checkbox"/> White – Irish | <input type="checkbox"/> Any Other |

Please indicate your Religious Beliefs:

Christian Buddhist Sikh Muslim Jewish Hindu None Other

What is your Sexual Orientation?

Bisexual Gay Man Lesbian Heterosexual/Straight Other Prefer not to say

Do you regard yourself as disabled as defined by the Disability Discrimination Act? Yes No

If yes, please tell us what type of disability affects you:

- | | | |
|--|--|--|
| <input type="checkbox"/> Blind/Partially Sighted | <input type="checkbox"/> Emotional/Behavioural | <input type="checkbox"/> Deaf/Hearing Impaired |
| <input type="checkbox"/> Mental Health Problems | <input type="checkbox"/> Wheelchair User | <input type="checkbox"/> Mobility Difficulties |

Where did you see the post advertised?	
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Signed:

Date: