

Post applied for

Part-time
Receptionist/Administrator/Practice
Assistant

Where did you
hear about this
job? (*delete as
appropriate)

*Argus website, Argus newspaper,
Friday-ad (printed), Friday-ad (online),
Gumtree, Vivastreet, Brighton & Hove
Therapies website, Other (state)

Phoenix Homeopathy Ltd: Job application form

Closing date

22 August 2008

Interview Date:

05 September 2008 or
TBA

Please read the **Person specification** and **Job description** before completing this form. Complete this form fully using black type. Applications received after the closing date will not normally be considered.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE

Section 1 Personal details

Last name

First name

Address

Postcode

Home telephone

National insurance
number

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime telephone

Mobile telephone

Email address

Can we contact you at work?

Yes No

Are you free to remain and take up employment in the UK with no current immigration restrictions?

Yes No

Job share details

Are you applying on a job share basis?

Yes No

Driving licence

Do you hold a full, clean driving licence valid in the UK?

Yes No

Section 2 Present employment

Present employment (if now unemployed, give details of last employer)

Name of employer

Address of employer

Postcode

Post title

Date of appointment

Salary

Department /section

Brief description of duties

Continue on a separate sheet if necessary

Period of notice

Last day of service
(if no longer employed)

Reason for leaving
(if no longer employed)

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Section 3 Previous employment or occupation

Previous employment (most recent employer first). Please cover the last 10 years and state nature of business. Include periods working as a home-maker or parent.

Name of employer

Address of employer

Postcode

Position held

 From / To

Summary of duties

Reason for leaving

Name of employer

Address

Postcode

Position held

 From / To

Summary of duties

Reason for leaving

Name of employer

Address

<input type="text"/>
<input type="text"/>
Postcode

Position held

<input type="text"/>	From	/ To
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Summary of duties

Reason for leaving

Name of employer

Address

<input type="text"/>
<input type="text"/>
Postcode

Position held

<input type="text"/>	From	/ To
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Summary of duties

Reason for leaving

Section 4 Education

Qualifications obtained from schools, colleges and universities. Please list highest qualification first

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

Professional, technical or vocational qualifications

Please give details

Professional/technical/vocational qualifications	Course details

Continue on a separate sheet if necessary

Section 5 Training & development

Please give details of any training & development courses, or non-qualifications courses, which support your application. Include any on-the-job training, as well as formal courses.

Title of training programme or course	Duration of course

Continue on a separate sheet if necessary

Section 6 Personal statement

Abilities, skills, knowledge and experience

Please use this section to explain in detail how you meet the requirements of the Person specification. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

Section 7 Disability Discrimination Act

Do you have a disability which is relevant to your application?

Yes

No

If yes, please give details

Wherever practical, we will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people

Do we need to make any specific arrangements in order for you to attend the interview?

Yes

No

If yes, please give details

Section 8 Health

Successful applicants may be required to complete a medical questionnaire and may be required to attend a medical examination prior to being appointed.

Number of days sickness absence in the last 2 years

Please state number of occasions in the last 2 years that you have been unable to attend work through sickness

Section 9 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are.

Reference 1

Name

Position (job title)

Work Relationship

Organisation

Address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Telephone

E-mail

Are you willing for this referee to be approached prior to the interview?

Yes No

Reference 2

Name

Position (job title)

Work Relationship

Organisation

Address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	<input type="text"/>

Telephone

E-mail

Are you willing for this referee to be approached prior to the interview?

Yes No

Section 10 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offenders act 1974? Yes No

If yes, please give details / dates of offence(s) and sentence

Section 11 Protecting children and vulnerable adults

Phoenix Homeopathy Ltd is committed to the protection of patients during the course of its work and has a duty to ensure the suitability of any individual who has significant contact with children and/or vulnerable adults. All applicants for positions that require contact with children and/or vulnerable adults must complete a self declaration (*Under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986, a person should declare ALL convictions including 'spent' convictions where working with children*). Staff may then undergo an Enhanced Criminal Records Bureau (CRB) check.

Self declaration:

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? Yes No

Section 12 Declaration

I declare that the information given on this form is true and complete. I understand that any false information may result in disciplinary action or dismissal if appointed.

Signed

Date

- Please email this form as an attachment to info@phoenixhomeopathy.com by 22.08.08, or mail it to Phoenix Homeopathy Ltd, 44 Rutland Road, Hove BN3 5FF to arrive by 22.08.08
- All applications must arrive by the closing date in order to be considered