

Application Form

Please complete this form and submit with a copy of your CV

SURNAME:
FIRST NAME:
OTHER NAMES:
ADDRESS:
HOME TEL NO:
MOBILE TEL NO:
EMAIL:

Please enter below details of education and training

EDUCATION	TRAINING

Can you be flexible in your hours if business needs require?

YES

NO

Please tell us what is your perception of Patient Confidentiality?

Part of your role will involve periods of time in the call room, which can be very demanding at times this is due to the high volume of calls we receive, please give us an example of a difficult situation you have dealt with. What you felt went well? And if you would do anything differently next time?

Are there any dates when you will not be available for interview?

When would you be able to start?

Have you ever been convicted of a criminal offence?

(Declaration subject to the Rehabilitation of Offenders Act 1974)

YES

NO

Please provide details for two employer references

No approach will be made to your present employer before an offer of employment is made to you.

Reference 1	Reference 2

I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in my dismissal.

Name:

(Please enter in capitals)

Signature:

Date: