Application for position of Medical Office Administrator

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| **Personal Details** | | |
| Title: (e.g. Mr/Mrs/Miss/Ms/Dr) |  | |
| Forename: |  | |
| Surname: |  | |
| Previous Surname: |  | |
| Date of Birth: |  | |
| Address: (including Postcode) | | |
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| Telephone Number: |  | |
| Email address: |  | |
| Do you consider yourself disabled under the Disability Discrimination Act (DDA)? | | YES / NO |
| Length of Notice required by your present employer? | |  |
| How did you learn about this vacancy? | |  |

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| **Education and Training** | | | |
| Schools attended  (after age 11) | From | To | Examinations passed  (state subjects and levels attained) |
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| Further education  (e.g, College, University) | From | To | Examinations passed  (state subjects and levels attained) |
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| **Education and Training continued:** |
| Details of Membership of Professional or Technical Institutes or Societies  (please provide a copy of the last renewal confirmation and registration No.) |
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| Additional training (details of any training not covered above) |
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| **Present or most recent employment** | | | | | |
| Post held: |  | | | | |
| Name and Address of employer: | | | | | |
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| Nature of employers business | |  | | | |
| Salary / Grade: | |  | | | |
| Employment Dates: | | To: |  | From: |  |
| Summary of duties and responsibilities (please use continuation sheet of necessary) | | | | | |
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| Reason for Leaving | | | | | |
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| **Previous Employment (most recent first)** | | | | |
| Post held | | Name and address of employer | Dates of employment | Summary of duties and responsibilities |
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| **Supporting Information**   * Use this space to show us how your knowledge and work experience relates to this vacancy. * Please use a continuation sheet if necessary | | | | |
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| **Expected Salary:** |  | | | |

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| **References** | | |
| Please give the name of TWO referees, one of whom should be your present or most recent employer. | | |
| **Referee 1** | | |
| Name: |  | |
| Position: |  | |
| Address: |  | |
| Telephone number: |  | |
| References will be taken up BEFORE interview unless you say ‘No’ here: | |  |
| **Referee 2** | | |
| Name: |  | |
| Position: |  | |
| Address: |  | |
| Telephone number: |  | |
| References will be taken up BEFORE interview unless you say ‘No’ here: | |  |

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| **Rehabilitation of Offenders Act 1974** | |
| * This post is not protected by the Rehabilitation of Offenders Act 1974. You are therefore required to disclose information about ALL convictions in a court of Law, no matter when they occurred, or if they led to a conditional discharge. * In the event of employment, failure to disclose all previous convictions will result in dismissal. * All information is treated in confidence and will only be taken into account when absolutely necessary. | |
| Have you ever been convicted in a Court of Law? | YES / NO |
| If ‘YES’ please give details under separate cover. | |

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| **I certify that to the best of my knowledge the information I have given is correct** | |
| Name: (please print) |  |
| Signature: |  |
| Date: |  |

**Please return this form to:**

Karen Polly, Managing Partner,

Wells Health Centre, Priory Health Park, Glastonbury Road, Wells BA5 1XJ

Or by email to:

[somicb.wellshealthcentre@nhs.net](mailto:somicb.wellshealthcentre@nhs.net)