

CARNOUSTIE MEDICAL GROUP

Application form

Please either type or fill in using black ink. Complete all sections and use additional sheets if needed. Send completed form to Wendi Lees, Practice Manager, Carnoustie Medical Group, Parkview Primary Care Centre, Barry Road, Carnoustie, DD7 7RB or email [wendi.lees@nhs.scot](mailto:wendi.lees@nhs.scot)

NAME: ..... POST: .....

ADDRESS: .....

.....

PHONE NUMBER: ..... EMAIL: .....

**EDUCATION – PLEASE LIST ALL QUALIFICATION BELOW INCLUDING SCHOOL/UNIVERSITY/COLLEGE/WORK BASED:**

YEAR	QUALIFICATION	PASS/FAIL/GRADE	COMMENT
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**PREVIOUS EMPLOYMENT- PLEASE INCLUDE THE LAST 10 YEARS EMPLOYMENT OR MORE IF RELEVANT. A SHORT DESCRIPTION IS ALL THAT IS NEEDED FOR EACH POST ALONG WITH DATES YOU WERE EMPLOYED:**

Most recent post title : ..... DATES: .....TO.....

Employer name and address: .....

.....

Duties.....

.....

.....

Post 2: .....

DATES: .....TO.....

Employer name and address: .....

Duties.....

.....

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Post 3: .....

DATES: .....TO.....

Employer name and address: .....

Duties.....

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Post 4: .....

DATES: .....TO.....

Duties.....

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Describe what you think makes a good Practice nurse and how this has changed in the past 2-3 years?

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What interests you about this particular post?

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Why do you think you would be suited to this post?

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Give some examples of relevant experience gained in previous posts, education or life:

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Describe your work ethic in a sentence:

.....  
.....

Interests and Hobbies:

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.....  
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Are you authorised to work in the UK? If not what is your status?

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References: Please provide at least 1 work reference we can contact prior to interview (it does not have to be your current employer), and one from your current employer who we can contact if offered the position.

Ref 1 to be contacted before interview

Ref 2 to be contacted after interview

Name: .....

Name: .....

Email address: .....

Email address: .....

Phone number: .....

Phone number: .....

I confirm the information above is accurate and can be checked for verification purposes should I be successful in my application. (digital signatures accepted)

Signed: .....

Date: .....