



# Application Form

## Staff / Administrator

***Please enclose copies of any relevant documents where indicated. Failure to do so will delay your application.***

All staff / administrators employed for Commisceo Primary Care Solutions (Commisceo PCS) are required to sign the Service Agreement, and to accept that the offer of work is at the discretion of Commisceo PCS and in accordance with our rota policy. This does not imply any employment relationship.

Staff / administrators should be aware that work undertaken maybe audited on a regular basis, and in occasional instances of sustained poor performance or poor teamwork will, after discussion, not be offered further shifts. Staff / administrators should also be aware that in some circumstances the Medical Director of Commisceo PCS may inform the relevant Clinical Commissioning Groups and/other stake-holders in extreme circumstances of any concerns arising from poor performance and putting patients at risk during work with the organisation. Completion and submission of this form indicates acceptance by you of these conditions.

If you have any questions or queries whilst completing this application, please contact:

Jo Harvey  
Service Manager  
Commisceo Primary Care Solutions  
Contact mobile: 07885 697002  
Email: jo.harvey4@nhs.net

Post Applied  
for:

Available Start  
Date:

COMMISCEO PRIMARY CARE SOLUTIONS JOB APPLICATION FORM

APPLICATION FORM  
Staff / Administrators

Personal Details

Surname

Forename(s)

DOB

Home Address

House Name/No.

Street

City

County

Postcode

Contact Details

Home Tel No.

Mobile Tel  
No.

[nhs.net](mailto:) email

Personal  
email

Education Details

Primary Qualification

University / City / Country where  
obtained

Date obtained

Have you ever been disqualified, suspended or restricted

If Yes, please give details:

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Disclosure & Barring Service Check  
Date of most recent DBS Check

(Please enclose a copy of your DBS Check document)

Copy enclosed?

Commisceo Primary Care Solutions will undertake a DBS check  
If you are currently employed, please state below and say in what capacity you are employed

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Previous Employment

(continue on an additional page if necessary)

To	Employer	Employment capacity

Preferred Hours of Work

Preferred Shift Pattern

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Work Preferences

Y

N

Out of Hours

Y

N

Preferred Base

Information on any disciplinary matters

(continue on additional page if necessary)

Are you aware of any outstanding disciplinary matters, which may affect your ability to work?

If YES, please provide full details.

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Additional Information

(continue on an additional page if necessary)

Please give any further information which you consider to be relevant to your application to join the sessional work list. (e.g. any relevant previous working experience)

If YES, please provide full details.

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Smartcard  
Number

### References

Please give details of two referees below, they must be from a clinical background, and please ensure that an email address is supplied for each referee.

The first reference should be from your current or most recent employer.

#### Reference 1

Relationship

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Contact  
Telephone

Email

#### Reference 2

Relationship

Address

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Contact  
Telephone

Email

### Undertaking

I confirm that the entries made on this application form are to the best of my knowledge and belief, true in all respects. I understand that if I have deliberately made a false statement on this form, any offer of potential sessional employment could be withdrawn.

I authorise Commisceo Primary Care Solutions to obtain references to support this application and release the Company and referees from any liability caused by giving and receiving information.

Signed .....

Date .....

**PLEASE ENSURE YOU ENCLOSE**

- Current CV
- Qualifications certificate (if applicable)
- Copy of your Hep B status certificate
- Evidence to confirm your eligibility to work in the UK (e.g. copy of passport)
- Evidence of your National Insurance number (e.g. copy of P45 or NI card)
- Valid Basic Life Support & Anaphylaxis Training certificate
- Copy of DBS Certificate (if within 3 months of work start date)
- Valid certificate of Infection Control Training
- Valid certificate of Child Safeguarding Training
- Valid certificate of Adult Safeguarding Training
- Valid certificate of Information Governance Training
- Completed Bank Account Details form

**Any other information:**