



APPLICATION FORM FOR EMPLOYMENT

Data protection

Information from this application may be processed for purposes permitted under the General Data Protection Regulation. Individuals have, on written request, the right of access to personal data held about them.

This organisation treats personal data collected during the recruitment process in accordance with our data protection policy. Information about how your data is used and the basis for processing your data is provided in Portree Medical Centre's job applicant privacy notice which is available upon request.

Job Title: **Medical Receptionist** 30 - 37.5 hours Closing date: **09/10/2026**
Monday – Friday 7.30am – 6pm

PERSONAL DETAILS	
Surname:	Forename:
Address:	
	Postcode:
Email address:	
Contact Telephone Numbers:	

EDUCATION		
School / College / University Attended	Dates of Attendance	Qualifications Gained



Please provide details regarding training courses that you have attended or are currently undertaking, together with the date completed or to be completed by.

TRAINING			
Course Title	Training Provider	Training Undertaken	Year Completed

Membership of professional bodies

Please provide details regarding any relevant professional registrations or memberships. This information will be subject to a satisfactory check.

Please list your UK professional registrations



EMPLOYMENT HISTORY

Please list in reverse chronological order (**current/most recent first**) and include any unpaid work. Detail and explain any periods of unemployment – please include additional sheet if required.

Dates of Employment	Name & Address of Employer	Job Title	Duties	Rate of Pay	Reason for Leaving
<i>Current Role</i>					
Please confirm notice period required with current employer: _____ weeks					



EMPLOYMENT HISTORY CONT.
(In reverse chronological order)

Dates of Employment	Name & Address of Employer	Job Title	Duties	Rate of Pay	Reason for Leaving



PERSONAL STATEMENT

In your own words, please explain why you are interested in this position and why you consider yourself to be a good candidate for the role; include any experience you have gained, skills you have to offer and personal qualities.

Please relate your comments to the job description / person specification.

This is the part of the application form where you can bring to our attention any qualities you believe we should be aware of. Do not feel under any obligation to complete this section if you believe the rest of this application has brought out these qualities in sufficient detail.

If you find there is insufficient space, please continue on a separate sheet.



LEISURE

Please give details of your leisure interests, sports, hobbies, and other pastimes.

CRIMINAL RECORD

Please give details of any criminal convictions,
except those spent under the Rehabilitation of offenders Act 1974.

DISCLOSURE SCOTLAND

Any position which, as part of normal duties, requires caring for, training, supervising or
being in contact with children or vulnerable adults, will require a Disclosure Scotland
check to be undertaken and provision of a suitable disclosure document.

Please confirm your acceptance of this check by signing below.

Signed:

Date:



REFERENCES

Please give the name, address, telephone number and email address of two referees. One of these should be your current or last employer. If you have not been employed in the past three years, a referee should be a person who can make a statement with regard to your character, e.g., a school or college teacher. Referees must not be members of your family or related to you in any way.

1.	Name:		If required, may we take up reference before interview? Yes / No (delete as appropriate)
	Address:		
	Email Address:		
	Tel Number:		
How does this person know you?			

2.	Name:		If required, may we take up reference before interview? Yes / No (delete as appropriate)
	Address:		
	Email Address:		
	Tel Number:		
How does this person know you?			

Equality in the Workplace

Submitting an application for employment, having reviewed the job description, suggests that you consider yourself fit to carry out tasks/functions intrinsic to the role on offer, the title of which is stated on page 1.

The following information will help us to meet our obligations under the Equality Act 2010.

Do you require any special arrangements to be made for you to attend for interview or undertake any practical skills tests on account of a disability? **Yes / No** (delete as appropriate)

If yes, please provide information you believe would be helpful to us in accommodating your needs at interview on a separate document or in a covering letter that does not contain any information relevant to your employment application.

If you wish to discuss this, please contact Portree Medical Centre on 01478 612013.

Please note: Portree Medical Centre considers that employing staff who are patients of the practice has significant disadvantages both to the patient and to the practice; if you are currently registered with PMC and prefer to stay as such during any period of employment with the Practice, we have a 'Staff as Patients' Policy in place and will require that you agree to the terms of this policy throughout any employment with PMC.

Portree Medical Centre operates a strict non-smoking policy throughout the premises and grounds.



PROOF OF ELIGIBILITY
Are there any restrictions on your right to work in the UK? Yes / No <i>(delete as appropriate)</i>
If yes, please give details of the restrictions and the expiry date of any permission:
We are required by law to check that all employees are eligible to work within the UK. Please confirm which of the documents you would be prepared to supply to us and allow us to check and make a copy should you be offered a position with Portree Medical Centre. <u>DO NOT SEND DOCUMENTS WITH THIS APPLICATION</u> You MUST include either ONE document from list 1, or TWO documents from one of the combinations in list 2.

LIST 1 – ONE DOCUMENT ONLY	Please Tick
A British Citizen passport.	
A passport or national identity card issued by a State which is a party to the EEAA (European Economic Area Agreement) or Switzerland, describing the holder as a national of that State.	
A Home Office issued residence permit to a national from a State which is a party to the EEAA or Switzerland.	
A passport or other document endorsed and issued by the Home Office stating that the holder has a current right of residence in the United Kingdom as the family member of a named national of a State party to the EEAA or Switzerland who is resident in the United Kingdom.	
A passport or other travel document endorsed showing the holders entitlement to indefinite stay in the United Kingdom, or no restrictions on the length of stay.	
A passport or other travel document endorsed to show that the holder can stay in the United Kingdom; and that this endorsement allows the holder to do type of work you are offering if they do not have a work permit.	
A Home Office issued Application Registration Card for the asylum seeker stating that the holder is permitted to take employment.	

OR, ALTERNATIVELY

LIST 2 – COMBINATION A DOCUMENT 1, PLUS ONE FROM THE OTHER SEVEN	Please Tick
A document giving the person's permanent National Insurance Number and name. This could be: P45, P60, National Insurance Card, or a letter from a Government Agency.	
A full Birth Certificate issued in the United Kingdom, which must include the names of the holder's parents.	
A Channel Islands, Isle of Man or Ireland issued Birth Certificate.	
A Registration or Naturalisation Certificate confirming the holder is a British Citizen.	
A Home Office issued letter to the holder confirming that the named person is entitled to indefinite stay in the United Kingdom, or has no time restriction on their stay.	
A Home Office issued Immigration Status Document to the holder, which is endorsed confirming the named person is entitled to indefinite stay in the United Kingdom, or has no time restriction on their stay.	
A Home Office issued letter to the holder confirming that the named person is entitled to stay in the United Kingdom, and this allows them to undertake the type of work you are offering.	
A Home Office issued Immigration Status Document to the holder, which is endorsed confirming the named person is entitled to stay in the United Kingdom, and this allows them to undertake the type of work you are offering.	



OR, ALTERNATIVELY

LIST 2 - COMBINATION B DOCUMENT 1, PLUS ONE FROM THE OTHER TWO	Please Tick
• Work Permit or other approval to take employment issued by Work Permits UK	
• Passport or other travel document endorsed, showing the holders entitlement to stay in the United Kingdom and can take the work permit employment in question.	
• A Home Office issued letter to the holder confirming that the named person is entitled to stay in the United Kingdom, and can take the work permit employment in question.	

DECLARATION (Please read this carefully before signing the application)
I hereby give my consent, in connection with this application, for all previous employers, educational institutions etc. and references to be contacted to obtain and verify the accuracy of information provided by me in support of this application. I understand that any misrepresentation or material omission made by me in this application will be sufficient cause for the cancellation of the application or the immediate termination of employment, whenever it may be discovered. I declare that the information given in this application is, to the best of my knowledge, complete and correct. I authorise NHS Occupational Health to contact my doctor for further details and confirmation of my state of health. If required, I also agree to undergo a medical examination to ensure my suitability to carry out my duties and for provision of medical information as part of NHS Highland's occupational health scheme I have given my explicit consent freely. Signed: Date:

Upon completion, return this form to:

Portree Medical Centre – nhsh.gp55573-admin@nhs.scot