****

## APPLICATION FORM

|  |  |
| --- | --- |
| Post applied for | Social Prescriber, North Shields PCN  (please state if full time or part time) |
| Name |  |
| **Address** |  |
| Postcode |  |
| **Telephone number (day)** |  |
| **Telephone number (eve)** |  |
| **Email address** |  |
| **Do you have a disability?** |  |

This page is for monitoring purposes only and will be removed before shortlisting.

To enable to us to monitor equality of opportunity, we would appreciate it if you would give us the following information (please mark boxes as appropriate):

|  |  |
| --- | --- |
| Date of birth |  |

|  |  |  |
| --- | --- | --- |
| Gender | Male |  |
|  | Female |  |

|  |  |  |
| --- | --- | --- |
| **Marital status** | Single |  |
|  | Living with partner |  |
|  | Married |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ethnic group | White British |  | Asian British |  |
|  | White Other |  | Asian Other |  |
|  | Black British |  | Chinese |  |
|  | Black Other |  | Other |  |
|  | Mixed |  | Prefer not to say |  |

##### Where did you hear about this vacancy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This page to be left blankEDUCATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Date (from)** | **Date (to)** | **Establishment**  **(name and address)** | **Qualifications**  **(subject and grade)** |
|  |  |  |  |

|  |
| --- |
| Do you have any other qualifications that are not mentioned above? |

**EMPLOYMENT HISTORY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date (from)** | **Date (to)** | **Employer**  **(name and address)** | **Position held** | **Reason for leaving** |
|  |  |  |  |  |

|  |
| --- |
| **Do you have any other experience relevant to this post?**  **(Please include any voluntary work)** |

##### What attracts you to this post and what do you think makes you suitable for it? Please add additional pages

|  |  |
| --- | --- |
| Do you have a current full driving licence? |  |

**Interests:**

Please provide the name and address of two referees, one of whom should be a present or last employer:

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| **Organisation** |  |  |
| **Address** |  |  |
| Telephone number |  |  |
| Email address |  |  |
| In what capacity known |  |  |

|  |  |
| --- | --- |
| **Do you have any objections to our approaching your referees prior to interview?** |  |

I confirm that, to the best of my knowledge, the information given on this form is correct and can be treated as part of any subsequent contract of employment.

**Please return this form by email to**: [holly.adair1@nhs.net](mailto:holly.adair1@nhs.net) **by 5pm on Friday 19 January 2024.**