

**Stromness Surgery
John Street
Stromness
Orkney
KW16 3AD**

Application Form - Medical Administrator

Your details

Name	
Address	
Postcode	
Phone	
Email	

Education, training and qualifications

Please give details below:

School, College, University or other Training undertaken	Period of time eg 2021-2024	Qualification gained

Employment history

Your current or most recent employer

Name of employer	
Address of employer	
Job Title	
Salary	
Period of time with employer	
Duties	
Reason for leaving	

Previous employers

Please tell us about other jobs you have done:

Employers Name & Address	Job Title	Salary	Period of time eg March 2021-Aug 2024	Reason for leaving

Supporting statement

Please tell us why you applied for this job and why you think you are the best person for the job:

Personal Interest or Hobbies

Please tell us about what you enjoy doing in your spare time:

Interview arrangements and availability

If you have a disability, please tell us if there are any reasonable adjustments we can make to help you in your application or with our recruitment process.

When can you start working for us?

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Right to work in the UK

Do you need a work permit to work in the UK? Yes / No

References

Please give the names and contact details of 2 people who we can ask to give you a reference. We will not ask your current employer until we get your permission.

Referee 1

Name	
Job Title	
Address	
Postcode	
Telephone	
Email address	
How does the person know you	

Referee 2

Name	
Job Title	
Address	
Postcode	
Telephone	
Email address	
How does the person know you	

Declaration

I confirm that to the best of my knowledge the information I have provided on this form is correct and I accept that providing deliberately false information could result in my dismissal.

Name:

Signature:

Date:

This form should either be emailed to paula.craigie@nhs.scot or posted to Mrs Paula Craigie, Practice Manager, Stromness Surgery, John Street, Stromness, KW16 3AD.