



**Freelance Practice Manager Appraiser  
Application Form**

**Please type your responses**

**The Humberside Group of Local Medical Committees Ltd is committed to equality in all aspects of our work and we value diversity in our workforce.  
We warmly welcome applications from all sections of the community.**

**1. PERSONAL DETAILS**

How did you find out about this role?

Title of the role applied for:

Forename(s):	Surname:
Preferred name:	Male/Female:
Address:	
Postcode:	
Email address:	
Telephone numbers:	
Daytime:	
Evening:	
Mobile:	
Business:	
May we contact you at work? <b>Yes/No</b>	

## 2. GENERAL

### TRANSPORT

Do you hold a current UK driving licence?	<b>Yes/No</b>
Is it full or provisional?	<b>Full/Provisional</b>
Please give details of any endorsements:	
Will you have a car available for work?	

### REFERENCES

Please provide the details of **two** people who can provide references. If you are currently or have recently been in employment, one of these should be your current or last employer. If not, a referee should be a person who can make a statement with regard to your character. Referees must not be members of your family or related to you in any way.

Title:	Title:
Full name:	Full name:
Occupation:	Occupation:
Address:	Address:
Postcode:	Postcode:
Email:	Email:
How does this person know you?	How does this person know you?

## 3. EMPLOYMENT HISTORY

### DETAILS OF CURRENT EMPLOYMENT:

Title of post:	Number of hours worked per week:
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Name and address of practice:	
Postcode:	
Practice Population Size:	Date of appointment:
Summary of duties and responsibilities:	

**PREVIOUS EMPLOYMENT**

Please give details of previous posts which support your application:

EMPLOYERS NAME AND ADDRESS	TITLE OF POST HELD	DATES OF EMPLOYMENT (FROM – TO)	MAIN RESPONSIBILITIES IN THIS ROLE

EMPLOYERS NAME AND ADDRESS	TITLE OF POST HELD	DATES OF EMPLOYMENT (FROM – TO)	MAIN RESPONSIBILITIES IN THIS ROLE

#### 4. PERSONAL DEVELOPMENT

Please name any school, college and institute for higher education or professional body, in full, and include attainment level or qualifications achieved. Include details of any qualifications for which you are currently studying/expect to attain.

SUBJECT/QUALIFICATION	PLACE OF STUDY	GRADE/RESULT	YEAR

Please include any training courses that you have attended or details of courses that you are currently undertaking.

COURSE TITLE	TRAINING PROVIDER	DURATION	COMPLETION DATE

## 5. SUPPORTING DETAILS

Please tell us how you meet the person specification for this role, giving examples of your skills, knowledge and experience. Please also provide any further relevant information that may support your application e.g. additional skills or abilities that demonstrate how you will be able to fulfil the job description. (You may continue on a separate sheet if necessary but please ensure that you include your name and a title heading.)

## 6. DECLARATION

The data that you provide on this form and that obtained from other relevant sources will be used to process your application for this role. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process.

If you succeed in your application, the information will be used in the administration of your agreement with us. We may also use the information if there is a complaint or legal challenge relevant to this process.

We may check the information collected with third parties or with other information held by us. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds or in other ways as permitted by law.

By signing the application form we will be assuming that you agree to the processing of sensitive personal data (as described above), in accordance with our registration with the Information Commissioner's Office.

"I declare that the information I have given in this application is accurate and true. I understand that providing misleading or false information on any Humberside Group of Local Medical Committees Ltd document may disqualify me from appointment or if appointed, may result in my dismissal."

Applicants signature:

Date:

We prefer applications to be sent to us via email for ease of processing. However, you may also post your application form if you prefer. Please send your completed application form to:

E-mail: [madeleine.clifford-roper@nhs.net](mailto:madeleine.clifford-roper@nhs.net)

Madeleine Clifford-Roper  
Business Support Officer  
The Humberside Group of Local Medical Committees Ltd  
Albion House  
Albion Lane  
Willerby  
Hull  
HU10 6TS  
Tel: 01482 655111

Please contact us if you require information about the post or the application form in an alternative format.