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| **For office use only**  Date received:  Received by: |

**Primary Eyecare Services**

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| **Application Form** |

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| **Position –** | |
| Clinical Governance and Performance Lead Shropshire & Staffordshire | |
| **Personal Details** | |
| Surname: | First Name: |
| Address: | |
|  | Postcode: |
| Home tel no: | Daytime tel no: |
| Email address: | |

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| **Education and Qualifications** | |
| College/University: |  |
| Study dates: |  |
| Qualification and grade: |  |
| Date obtained: |  |
|  | |
| College/University: |  |
| Study dates: |  |
| Qualification and grade: |  |
| Date obtained: |  |

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| **Professional Development** – please provide details of professional or other qualifications you have undertaken that is relevant to this application |
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| **Membership of Professional Institutions** |
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| **Membership of any LOCs** –please include details of any officer roles held |
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| **Employment History** – please provide details of your employment history starting with your current or most recent employer | |
| Name of employer: | |
| Address: | |
|  | Postcode: |
| Position held: | |
| Date started: | Leaving date: |
| Reason for leaving: | |
| Description of responsibilities: | |
|  | |
| Name of employer: | |
| Address: | |
|  | Postcode: |
| Position held: | |
| Date started: | Leaving date: |
| Reason for leaving: | |
| Description of responsibilities: | |
|  | |
| Name of employer: | |
| Address: | |
|  | Postcode: |
| Position held: | |
| Date started: | Leaving date: |
| Reason for leaving: | |
| Description of responsibilities: | |

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| **Personal Statement** – please use this section to describe what you could bring to this role |
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| **Declaration of Interest** – please list any declarations of interest |
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| **References** – please provide names and addresses of two referees; one of whom should be a current LOC Committee member or an existing Primary Eyecare Company Director | |
| **Reference 1** | **Reference 2** |
| Name: | Name: |
| Job title: | Job title: |
| Organisation: | Organisation: |
| Address: | Address: |
|  |  |
| Contact tel no: | Contact tel no: |
| Email: | Email: |
| How is this person known to you? | How is this person known to you? |

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| **Reasonable adjustments**  Please let us know if you require this application form in a different format or require any adjustments for interview if once is required. |

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| **Statement to be signed by the applicant:** |
| *I confirm that all the information given by me on this form is correct and accurate.* |
| Signed: |
| Date: |

***Please return your completed form, along with a covering letter to:***

[info@primaryeyecare.co.uk](mailto:info@primaryeyecare.co.uk)