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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: |  |
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| 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