### Vacancy: General Practice Nurse Brecon Medical Group Practice

Thank you for requesting information regarding our vacancy.

#### How to apply:

Please complete the following application form and return to the practice either by:

Email to: general.office.w96003@wales.nhs.uk

Hand / Post to: Mrs Sandra Thomas, Human Resources Manager, Brecon Medical Group Practice, Ty Henry Vaughan, Bridge Street, Brecon, Powys, LD3 8AH

Helpful Tips when completing your application:

- Read the job description and person specification carefully and evidence in your supporting information that you meet the essential criteria.
- ✓ List your qualifications that are relevant for the position as detailed in the person specification.
- ✓ Ensure one of your referees is from your most recent employer or if this is your first job you could ask a schoolteacher or tutor, just ensure you know them at a professional level.
- ✓ Please be honest and let us know about any gaps in employment.
- $\checkmark$  Please complete the application in full.

Closing date for applications: Monday 14th April 2025

We will aim to shortlist all applications within a week of the closing date and contact candidates to advise of an interview date and time (we will also let candidates know if they have not been shortlisted for interview).

Thank you for the interest you have shown in joining our practice and good luck with your application.

# BRECON MEDICAL GROUP PRACTICE

# APPLICATION FORM - General Practice Nurse

APPLICATION FOR THE POS	ST O	F:	General	Practice	Nurs	se	
P	PERSO	ONAL	DETAIL	5			
Name:							
If you wish please indicate	e a ti	itle:					
Address	:						
Address	:						
Postcode	:						
Please indicate how you wish	1						
to be contacted for example	2						
Mobile number/Emai	I						
address	:						
EDUCAT	TION	& Q	UALIFICA	ATIONS			
Subject/Qualification		Plac	e of Stud	<b>y</b>	Yea	r	Grade
					Obt	ained	Attained
Candidates will be required t	o <u>brii</u>	ng or	iginal cert	tificate o	of que	alifica	tions to
interview.							
RELEVANT TRAINING COURS							
Course Title	Cour	se Pr	ovider	Duration	1	Year	completed
	l					1	

MEMBERSHIP OF	PROFESSIO	NAL BO	DDIES				
Please indicat	re your profe	essional					
1	registration	status:					
PROFESSIONAL B	ODY AND A	NEMBER	SHIP				
Professional B	ody & Memb	ership:					
Membership/Re	gistration N	lumber:					
E×	piry/Renewo	al Date:					
FITNESS TO PRAC	CTISE					>	/es/No
Are you currently subje		•	_	•	_		
of any nature by a regular							
(We will only consider co that are relevant to the		•	-	s anazor proced	eaing		
Have you ever been rem				ions or sanctior	is been		
placed on your registrat	ion, or have you	u been issu	ied with a war	ning by a regulo	atory		
or licensing body in the							
right to appeal has been	upheld and wh	ere that a	ppeal has resu	ılted in your cas	se		
being fully exonerated.							
In your current or any p your clinical practise as			•	rictions placed	on		
your omnour practice as	•		T EMPLOY	MENT			
Name & Address o							
	t Job Title:						
	Start Date:			End date if	annlicah	le:	
Contract Type (					tice perio		
-	permanent, porary)etc:			140	rice per ic	,u.	
TOIT	Salary:			Reason	for leavir	na:	
	Key Duties:				70	·9	
•	key buries.						
		JOE	HISTOR	У			
In chronological order	nlease provid			-	avina secon	ndarv	education
including periods of a	•			•	_	•	
Employer	Job Title	and pu	rpose of	Start	End	Re	ason for
• •	role	•	•	Date	Date	lec	aving

	gnificant gaps in employment, educa ks). Date and reason for gap should			ory below
	REFERENCES			
your suitability fo  - The first re have just le  - Professional authorised t	ntact details for at least two refer r the job applied for. feree must be your current or most re ft, full time education). I references will not be accepted from to provide professional references in a nor from people writing solely in the co	ecent employ work collea n official co	yer (or cou gues who a pacity on b	rse tutor if you re not behalf of the
	Referee 1		Refere	e 2
Full name:				
Position:				
Address:				
Telephone:				
Email:				

If you are successful at interview, any offer of employment will be subject to receipt of two satisfactory references and any additional pre-employment checks.

SUPPORTING INFORMATION
Please describe your work experience; knowledge and skills; personal qualities and
attributes:

ADDITIONAL PERSONAL INFORMATION
You may wish to provide a copy of your CV. Please note that a CV does not replace
completing the application form in full.

#### DISCLOSING CRIMINAL RECORD INFORMATION

Positions within the Practice are eligible for a criminal record check under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. We will carry out criminal record check with the Disclosure and Barring Service (DBS) on successful candidates at the appropriate level for the role applied for.

The position of General Practice Nurse is eligible for an enhanced disclosure.

Failure to provide accurate and truthful information is considered a serious matter. If it becomes apparent that inaccurate or incomplete information has been provided, we will need to establish why. Any finding of serious misdirection or intent to deceive will result in an application being disqualified or, if appointed, disciplinary action being taken and/or dismissal.

As part of our recruitment process, we will only ask those candidates who have been selected for interview to complete a criminal record self-declaration form. At interview or in a separate confidential discussion, we will ensure that an open and measured discussion takes place on the subject of any offences that might be relevant to the position. If there are safeguarding reasons which require us to obtain information about you earlier in the recruitment process (for example to maintain safe levels of service) we will notify you when you first apply.

Guidance and criteria will be provided with the self-declaration form.

RIGHT TO V	/ORK			
Do you require permission to work in the	Y/N			
UK?				
The practice has a legal duty to check document	ary evidence to confirm that all			
potential employees are eligible to work in the UK prior to commencing employment.				
MEDICAL ASSE	SSMENT			
Offers of appointment will be subject to satisfactory medical assessment.				
I certify that I have read and understand	the above information and that			
the information that I have given is true of	and correct.			
•				
Signature	Date			
Signature	Date			
We are an equal opportunity employer and we	are committed to a policy of			
We are an equal opportunity employer and we treating all employees and job applicants equ	are committed to a policy of ally. The employer will appoint,			
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PLEASE RETURN COMPLETED FORM TO: Mrs Sandra Thomas, Human Resources Manager, Brecon Medical Group Practice, Ty Henry Vaughan, Bridge Street, Brecon, Powys. LD3 8AH or via email to general.office.w96003@wales.nhs.uk