

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: **Tracy Sharman, 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.
- ✓ Please complete the application in full.

Closing date for applications: **Monday 9th June 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 POST OF:		General Practice Nurse	
PERSONAL DETAILS			
Name:			
If you wish please indicate a title:			
Address:			
Address:			
Postcode:			
Please indicate how you wish to be contacted for example Mobile number/Email address:			
EDUCATION & QUALIFICATIONS			
Subject/Qualification	Place of Study	Year Obtained	Grade Attained
Candidates will be required to <u>bring original certificate of qualifications</u> to interview.			
RELEVANT TRAINING COURSES ATTENDED			
Course Title	Course Provider	Duration	Year completed

MEMBERSHIP OF PROFESSIONAL BODIES				
Please indicate your professional registration status:				
PROFESSIONAL BODY AND MEMBERSHIP				
Professional Body & Membership:				
Membership/Registration Number:				
Expiry/Renewal Date:				
FITNESS TO PRACTISE				Yes/No
Are you currently subject to a fitness to practise investigation and/or proceedings of any nature by a regulatory or licensing body in the UK or in any other country? (We will only consider current fitness to practise investigations and/or proceeding that are relevant to the position you have applied for).				
Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or have you been issued with a warning by a regulatory or licensing body in the UK or in any other country? You should select NO where any right to appeal has been upheld and where that appeal has resulted in your case being fully exonerated.				
In your current or any previous employment, have you had restrictions placed on your clinical practise as part of the revalidation process?				
CURRENT EMPLOYMENT				
Name & Address of employer:				
Current Job Title:				
Start Date:		End date if applicable:		
Contract Type (permanent, temporary)etc:		Notice period:		
Salary:		Reason for leaving:		
Key Duties:				
JOB HISTORY				
In chronological order please provide full employment history since leaving secondary education, including periods of any post-secondary education/training and part time or voluntary work.				
Employer	Job Title and purpose of role	Start Date	End Date	Reason for leaving

Please note any significant gaps in employment, education or training history below (more than 4 weeks). Date and reason for gap should be provided:

REFERENCES

Please provide contact details for at least two referees who are able to comment on your suitability for the job applied for.

- The first referee must be your current or most recent employer (or course tutor if you have just left, full time education).
- Professional references will not be accepted from work colleagues who are not authorised to provide professional references in an official capacity on behalf of the organisation or from people writing solely in the capacity of friends or from relatives.
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	Referee 1	Referee 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 WORK	
Do you require permission to work in the UK?	Y/N
The practice has a legal duty to check documentary evidence to confirm that all potential employees are eligible to work in the UK prior to commencing employment.	
MEDICAL ASSESSMENT	
<u>Offers of appointment</u> will be subject to satisfactory medical assessment.	
<p>I certify that I have read and understand the above information and that the information that I have given is true and correct.</p> <p>Signature..... Date.....</p>	
<p>We are an equal opportunity employer and we are committed to a policy of treating all employees and job applicants equally. The employer will appoint, train, develop and promote on the basis of merit and ability alone regardless of race, religion, colour, sex, age, national origin, or disability.</p> <p>The information that you provide will be used for recruitment and selection purposes only and in accordance with Data Protection regulations.</p>	
CLOSING DATE FOR APPLICATIONS:	Monday 9th June 2025

PLEASE RETURN COMPLETED FORM TO: Tracy Sharman,
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