**Harborne Medical**

**COVID VACCINE SERVICE**

**Application Form**

**Please ensure you have submitted your CV**

|  |  |
| --- | --- |
| Applicant name: | Address: |
| DOB: | Date of completion: |
| Title of post applied for: |

Please refer to the job description and person specification and state how your knowledge, skills and experience meet the role requirements. Please use the space below and your response should not exceed 1500 characters.

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|  |

**References**

Please provide the details for 3 referees, 1 of which should be your most recent employer. If you are unable to provide an employer reference, please provide references from an educational establishment, volunteer placement, etc. We cannot accept character references only. We will only contact referees for successful candidates.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Establishment name** | **Referee name and job role** | **Email and phone number** | **Capacity in which known** | **Length of time known** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Availability**

Please tick in the relevant box to provide detail of days and times you are available to work. Please state if you are able to provide cover for annual leave, sickness, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Regularly** | **Cover** | **Regularly** | **Cover** |
| **Day** | **AM** **08:00-13:15** |  | **PM** **13:45-17:15** |  |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |

Number of hours per week available\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state if you require any aids or adaptations to assist you to fulfil the role. Please note, this will not disadvantage you in any way

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|  |

Applicant signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email completed form to:

lilian.sayers@nhs.net

Sandra.bromley@nhs.net