PUTNEY
DENTAL & IMPLANT CENTRE

Application Form

Position: Dental Receptionist
Date: August 2026
APPLICATION DEADLINE: FRIDAY 28TH AUGUST 2026

Section 1- Role Requirements (Mandatory)

Applicants with any 'No' responses will not be considered.

1. Are you legally entitled to work in the UK without restriction?	Yes/ No
2. Are you available to start work within the next three weeks?	Yes/ No
3. Are you able to reliably commute to the practice at SW15 5QJ on a daily basis?	Yes/ No
4. Are you able to work Monday to Friday, 9:00am to 6:00pm, on an ongoing basis?	Yes/ No
5. Do you have previous front-of-house or reception experience?	Yes/ No
6. Are you comfortable working in a busy, patient-facing environment, both in person and by telephone?	Yes/ No
7. Do you understand that punctuality and reliability are essential for this role and are you confident in your attendance record?	Yes/ No

Section 2- Personal Details

Full Name	
Address	
Telephone Number	
Email	

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Section 3- Availability

Earliest possible start date (dd/mm/yyyy)	
Are you able to attend an in-person interview at the practice within the next 14 days?	Yes/ No

Section 4- Employment history

Most recent first

DATES (START & END)	COMPANY NAME & ADDRESS	JOB TITLE & MAIN DUTIES	REASONS FOR LEAVING

If there is more than 6 months from the end of your last position to now, please state briefly the reason for the career break;

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Section 5- Education History

Most recent first

Dates Attended	School/ College/ University details	Qualification details (GCSEs/ A-Levels/ B-TECs/ Degree etc.- please put subjects and grades achieved)

Section 6 – Relevant Experience

1. In 2-3 sentences, why are you interested in this role?

2. Briefly describe any relevant front-desk, customer service or healthcare experience?

Section 7- Software Experience

1. Have you used any booking, dental, or customer management software? If yes, please specify:

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Section 8 - References

Please give the names and addresses of two people we may approach for a reference. One of these referees must be your most recent employer:

Name:	Name:
Position:	Position:
Organisation:	Organisation:
Tel:	Tel:
Email:	Email:

Section 9- Declaration

I confirm that the information provided is accurate and complete and that I meet the role requirements.

Signature: _____

Date:_____

Thank you for taking the time to complete this application form. Please return this form by email to;

mia@dentalimplantcentres.uk

or drop the form to us at:

Putney Dental & Implant Centre, 353 Upper Richmond Road, SW15 5QJ