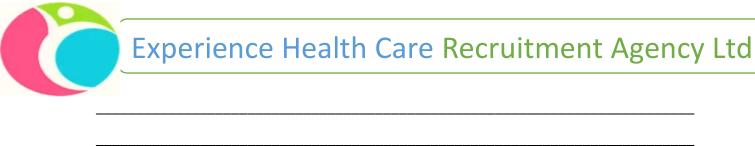
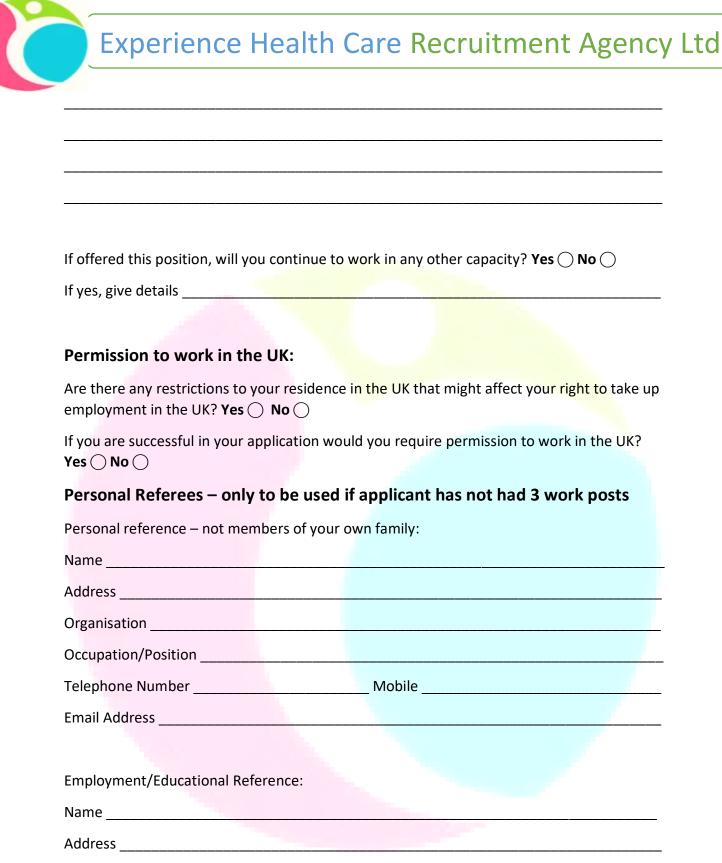


APPLICATION FORM

Position Applied for					
Personal Details:					
First Name Last Name					
Address					
Date of Birth					
National Insurance Number					
Telephone Number					
Mobile Number					
Email					
Do you own a car: Yes O No has a current	t driving licence Yes (No (
Languages spoken					
Education & Training					
Institution Name/Address	Qualification Achieved				
Membership of Professional Body:					
Name					
Employment					
Present/Last Employer					
Start Date	End Date				
Address					
Job Title					
Duties/responsibilities:					



Reason for leaving	
Finishing Pay	
Previous Employer	
Start Date	End Date
Address	
Job Title	
Duties/responsibilities:	
Finishing Pay	
Criminal Conviction:	
· ·	victions, cautions, reprimands or final warnings that are not e Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 No
and cautions are "protected" taken into account. Guidance	ptions order 1975 (2013) provide that certain spent convictions and are not subject to disclosure to employers and cannot be and criteria on the filtering of these cautions and convictions be and Barring Service website.
(Declaration subject to the Re	habilitation of Offenders Act 1974)
If yes, give details:	



Telephone Mobile

Organisation

Occupation/Position

Email Address _____



Additional Personal Details:

Applicants are requested to tick the relevant option to enable the organisation to monitor
its equal opportunity. Monitoring is recommended by the codes of practice for the
elimination of racial discrimination and for the elimination of discrimination on the grounds
of sex and marital status. This information is used for no other purpose and will be treated
as confidential.

White – Irish	Mixed - White and Blac	k African	Asian/Asia British – Pakistani 🤇
White – Other 🔾	Mixed – White and As	i <mark>an (A</mark> s	<mark>sian/Asian</mark> British Bangladeshi (
	Mixed – Other 🔘		Other Asian Background (
Black/Black British	– Caribbean		Chinese 🔾
Black/Black British	– African		Arab 🔘
Black/Black British	– Other		Other 🔾
Male (Fe	male O Bi-sexual	Heter	osexual (
Recruitment Pol	licy:		
opportunity for the discriminate agains sexual orientation, partnership status, I authorise the organs been made and	e advancement of emploint any person because of religion or belief, pregnate age or disability. anisation to obtain references	yees including parace colour, et ancy, trans-general ences to support the organisation	personnel and provide equal promotion and not to hnic origin, national origin, sex der status, marital or civil art this application once an offer and referees from any liability
Declaration:			
	nformation given on this e statement will be suffic		best of my knowledge, true and rejection or dismissal, if
Name			
Signature			
_			
For Office Use O	nly:		
Starting Date			



Job Offered	
Pay	
Hours of work	
Department/Supervisor	
Payroll Number	
Recruitment Source	_
National Number	
Proof of right to work Yes O No O	
P45 or P60 Yes No O	
Pension Entry Date	
Reference Requested Yes \bigcirc No \bigcirc	
Driving Licence Number	
Proof of Qualification	

CONFIDENTIAL MEDICAL QUESTIONNAIRE - COMPREHENSIVE

Warning to employers: In view of the Equality Act 2010's ban on asking pre-employment questions about an applicant's health, employers are strongly advised not to request any information from a potential employee until after the job has been offered.



Please complete the questionnaire below. The information is required with your interests in mind.						
A. Have you ever:		Yes		No	Give details	
1. Had an operation?						
2. Been seriously injur	ed?					
Had a serious physical or mental illness?						
Received in-patient treatment for a physical or mental condition?				D		
Been refused or dismissed from employment for health reasons?						
6. Received a disability	pension?					
7. Had a disability?						
8. Been made ill by your work?						
Been refused a driver's licence because of ill health?						
Been immunised/vaccinated against any infectious illness such as influenza or hepatitis? Include dates of most recent vaccinations to indicate if they are up to date.						
Are you prepared to be vaccinated against any infectious illness that you might be at risk of catching through your work? If not, please give reasons so that the organisation's policy can be discussed with you.						7
ש. טט you surier nom or	nave you ever na	iu.				
		eczei	ma		ankles	
High blood pressure	Yes No	Anaemia		Yes No	Menstruation or prostate problems	Yes N
Asthma	Yes \(\square\) No	Head (frequ	aches uent)	Yes No	Varicose veins	Yes No



Cough (frequent)	Yes No	Heart trouble	Yes 🗌	Rupture	Yes□ No
			No 🗆		
Rheumatic fever	Yes No	Chest trouble	Yes No	Back trouble	Vac Na
					Yes No□
Arthritis	Yes No□	Fainting or	Yes No	Ear trouble	Yes No 🗆

		dizz <mark>iness</mark>				
Epilepsy/fits	Yes\No\	Hay fever	Yes O No O	Eye trouble		YesO No
Shortness of breath	Yes No	Jaundice	Yes□ No □	Nerve trouble		Yes No
Stroke	Yes No	Depression	Yes No□	Anxiety/Stress		Yes D No
Do you take medicine regularly?	Have y trade	vou worked in a	a dusty Have you had a injury?	head	Do you su other ai	ffer from any Iments?
V 0 N 0					Va	s No O
Yes ○ No ○	Yes () No ()		Yes () N	0()	1 63	



To the best of my knowledge and belief, the information given above is correct. I understand that if I am appointed and this information is inaccurate, I am liable to dismissal.				
Signature Name	Date			
Department				
Job title	I			
	Employee number			
	I			
Date of application or	transfer			