

Application form

Post applied for			
Title		Surname/family name	
Forenames			
Surname at birth (if different)		Date of birth	
Are you free to take up employment in the UK?		Yes	No
Are you a UK national? If you are not a UK National please bring your original passport if you are called to an interview		Yes	No
Address for communications			
Postcode			
Home telephone		Mobile telephone	
Work telephone			
E-mail address			
On which dates are you NOT available to attend for an interview?			
What notice do you have to give your current employer?			

Education

Please list qualifications (GCSE and above, most recent first) including any relevant professional qualifications and schools/colleges attended since age 14.

Name of establishment	Course	Date obtained

Please continue on a separate sheet if necessary.

Data Protection Act

The information on this form will be used to select for interview.

Details from this application form will be stored and: used as a basis for your personal file.

Details of unsuccessful candidates will be destroyed after one year.

Career History

Please give details of all full-time and part-time work, and any periods not in paid employment since leaving full-time education.

Employers' name and address and type of business	Dates from/to	Position held, nature of responsibility and reason for leaving
Current employer		
Current salary		
Previous employer(s) Please list in order starting with most recent		

Please continue on a separate sheet if necessary.

Strengths and Weaknesses

The headings below give examples behaviour at work. Tick four of these headings that you think are most relevant to the job you are applying for. Then give a brief example of how you have demonstrated this behaviour in the past relevant to the job you are applying for. You may use non-work-related examples if you think they illustrate your point more effectively.

Determination
Creativity or judgement
Communication
Team Working

Ability to see a task through to completion

Organisation and attention to detail

Ability to cope with stress

Leadership

References

Please give details below of two referees whom we may approach who are not related to you, one of whom should be your present or most recent employer. If you have attended college or university within the last five years one should be an academic referee.

We may ask your referees for reports on your experience and suitability for an appointment. Referees' reports will be treated in strict confidence.

Referee 1 Personnel manager or other representative of your present/most recent employer	
Name	
Address	
Postcode	
Telephone Number	
Referee 2 A non-relative; for example an academic referee, if applicable	
Name	
Address	
Postcode	
Telephone Number	
Referees will be approached if we decide to short list you for appointment. Please indicate if you want us to ask your permission before contacting the referee.	Yes No
I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed.	
You must sign and date this form	
Signature	Date

Health Questionnaire

Your appointment is subject to satisfactory health clearance which requires you to complete this form. Information given on this form will be treated in the strictest confidence and made only available to a qualified doctor or nurse working as an advisor to the company. The completed form need only be returned if you attend for an interview. It should be returned in a sealed envelope marked for the attention of the company medical advisor. Please continue on a continuation sheet if necessary.

Name:

Post Applied For:

Age:

Your Health Details	Yes	No	Please give brief details including dates
Have you had an industrial injury/ disease?			
Do you have a disability which may require adaption of work, the workplace or schedule?			
Have you had any major accidents?			
Have you ever been admitted to hospital including Mental hospital?			
Have you attended a casualty hospital in the last five years? If yes how many times and for what reasons.			
Are you at present taking any medication? If so what?			
Do you regularly need to attend your General Practitioner? If yes with what conditions?			
How much alcohol do you drink each week?			
Your health details continued, have you ever had:-			
	Yes	No	Please state which and give brief details including dates
Mental health problems, e.g. anxiety, depression including suicide attempts and self-harm?			
A serious mental condition e.g. eating disorder, manic depression, schizophrenia?			
Epilepsy, fits, blackouts, fainting attacks, recurrent dizziness?			

Dependence on drugs or alcohol?			
Continued from previous page	Yes	No	Please state which and give brief details including dates
Heart problems or high blood pressure?			
Eczema, dermatitis, or other skin problems?			
Gastric./ Duodenal ulcer or bowel problems?			
Persistent/ recurrent attacks of diarrhoea/ vomiting/ abdominal pain?			
Recent unexplained weight loss?			
Jaundice or hepatitis?			
Hernia or varicose veins?			
Persistent/ recurrent backache. sciatica, disc or other back problems?			
Problems with neck, shoulders, arms, hands/ wrists?			
Other problems such as arthritis or rheumatism?			
Deformities or other problems affecting movement?			
Chest problems, breathing difficulties, wheezing or recurrent bronchitis?			
Asthma, hay fever or allergy to anything?			
Migraine/ persistent headaches?			
Persistent ear problems or hearing defect			
Eye problems or vision defect?			
Diabetes, thyroid or gland problems			
Any significant health problems not mentioned above?			
Night Work Assessment	Yes	No	Please give details
Will your job involve night work?			
Do you have any of the health problems above or any other health problem seriously affect your ability to do night work			
<p>Declaration I certify that the answers to the questions in this health questionnaire are correct to the best of my knowledge. I understand that no medical details will be divulged to any person outside of the company medical staff, but an opinion about my fitness to work will be given to the the Appointing Manager.</p>			

Signed

Date

Equal Opportunities Monitoring

We are a committed equal opportunities employer. We promote a culture of respect for all people and actively strive to eliminate all discrimination on the grounds of disability, race, colour, religion, ethnic origin, age, sex, sexual orientation or marital status.

To assist in the monitoring and implementation of this policy we would be grateful if you would complete the following questionnaire and return it to us.

Your answers will be treated confidentially and will not affect you job or job application in any way.

May we thank you in advance for your co-operation.

Gender:

	tick		tick
Female		Male	

Race or Ethnic Origin:

	tick		tick
White		Indian	
Black Caribbean		Pakistani	
Black African		Chinese	
Black Other (Please specify)		Bangladeshi	
Other Please describe below			

Other race or ethnic group (please describe below):