



**Health Details**

Have you ever had an accident that required medical attention ?	<b>Yes/No</b>
If yes please give details ?	
Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities ?	<b>Yes/No</b>
Please specify any special arrangements for work associated with any impairment:	
Please specify any special arrangements you will need to attend to interview :	
Please specify any special arrangements you will need to attend to interview :	
Please list any disease, disorder, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer :	
Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving:	
Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving:	
Please list all absences from work in the past 12 months and the reasons for such absence:	

**Criminal Record**

Please note any criminal convictions that you have, if none then please state. In certain circumstances employment is dependent upon obtaining a satisfactory disclosure of criminal records

Please give details of at least two of your previous managers whom we can contact for a reference. No approach will be made to your current employer without your permission.

Company Name:	Manager/Supervisor	Contact Telephone No.

**Declaration** (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

2. Should we require further information and wish to contact your Doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain permission prior to contacting your Doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

3. I agree that should I be successful in this application, I will, if required, apply for a disclosure of criminal records. I understand that should I fail to do so, or should the disclosure not be the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use:</b>	<b>Date Received:</b>	<b>Date Interviewed:</b>	<b>Interviewed By:</b>
	<b>Position:</b>	<b>Rate of Pay:</b>	<b>2nd Int.</b>
	<b>Start Date:</b>	<b>Dept:</b>	