

**Personal Details:** (Please print)

Surname:  Forenames:

Address:   
  
 Post Code:

Tel Number:  Mobile No:

Date of Birth:  Email:

NI Number:  Marital status:

No of dependents (aged 0 -16)  Car Owner:  YES  NO

Position you are applying for:

Available date:  Start Date office use:

**Educational Qualifications:**

School/ College	Date:	Subject:	Grade:

**Professional Qualifications:**

Training body:	Date:	Qualification:	Grade:

Please continue if necessary on a separate piece of paper or on the reverse and bring all evidence of training achieved to the interview.

**Employer Details: (current or most recent employer)**

Company:  Your Job title:

Contact Name:  Dates: From  To

Address:   
 Post Code:

Tel Number:  Email:

Employer Details: (previous employer)	
Company: <input style="width: 90%;" type="text"/>	Your Job title: <input style="width: 90%;" type="text"/>
Contact Name: <input style="width: 90%;" type="text"/>	Dates: From <input style="width: 20%;" type="text"/> To <input style="width: 20%;" type="text"/>
Address: <input style="width: 95%;" type="text"/>	
Post Code: <input style="width: 20%;" type="text"/>	
Tel Number: <input style="width: 90%;" type="text"/>	Email: <input style="width: 90%;" type="text"/>

Personal Health Details:				
Are you in good health?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;">YES</td> <td style="width: 50%; text-align: center; padding: 2px;">NO</td> </tr> </table>	YES	NO	Please indicate the number of days absence due to sickness in the past 12 months <input style="width: 20%;" type="text"/>
YES	NO			
Are you registered disabled?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;">YES</td> <td style="width: 50%; text-align: center; padding: 2px;">NO</td> </tr> </table>	YES	NO	RDP number: <input style="width: 80%;" type="text"/>
YES	NO			
If YES describe disability:	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>			

Have you ever suffered from any of the following? Please provide details, continuing, if necessary, on a separate sheet.

A skin disease or condition	Yes	No	Hearing defect or infections/ discharge	Yes	No
Asthma or hay fever	Yes	No	Allergenic reactions	Yes	No
Recurrent sore throats	Yes	No	Bronchitis or pneumonia	Yes	No
Tuberculosis	Yes	No	Heart disease	Yes	No
High/ low blood pressure	Yes	No	Headache or migraine	Yes	No
Blood circulation or varicose veins	Yes	No	Fits, epileptic episodes or faints	Yes	No
Depression or other mental illness	Yes	No	Nervous condition or breakdown	Yes	No
Backache or sciatica	Yes	No	Muscular or joint problems	Yes	No
Eye disease or significant defect	Yes	No	Other disability or condition (write below)	Yes	No

I declare that I am fit both mentally and physically to undertake the work that I am applying for. I understand and acknowledge that should I knowingly make a false statement regarding my medical history either in answering the above questions or to any medical examiner, or should I willfully conceal any material fact, I will, if engaged, be liable to have my contract terminated.

In the event of any health queries, I consent to my General Practitioner supplying relevant information to the West View Medical Advisor.

**Signed:**

**Dated:**

<b>Interests/hobbies:</b>

<b>Criminal Record:</b>			
Have you ever been convicted of a criminal offence, cautioned or warned? (Declaration subject to the Rehabilitation of Offenders Act)	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		
Do you have a current criminal record disclosure (i.e. within 12 months)	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		
If NO please bring any documents that confirm your identity and current address to the interview so that the information may be recorded or used to complete a CRB form.			
<b>Declaration.</b>			
I declare that the above information is accurate to the best of my knowledge. I understand that by not declaring any convictions (including those already spent) the consequence, when highlighted by the CRB, will mean instant dismissal.			
Signed: <input type="text"/>	Date: <input type="text"/>		

Please give at least one referee. A person who has known you for 5 years (not your family), who can give your character in terms of your honest and integrity.

<b>Personal referee:</b>	
Surname: <input type="text"/>	Forenames: <input type="text"/>
Address: <input type="text"/>	
<input type="text"/>	
Post Code: <input type="text"/>	
Tel Number: <input type="text"/>	Email <input type="text"/>
How are they known to you (e.g. friend/ GP/ Minister etc)	<input type="text"/>

<b>Personal referee:</b>	
Surname: <input type="text"/>	Forenames: <input type="text"/>
Address: <input type="text"/>	
<input type="text"/>	
Post Code: <input type="text"/>	
Tel Number: <input type="text"/>	Email <input type="text"/>
How are they known to you (e.g. friend/ GP/ Minister etc)	<input type="text"/>

Please give a full employment history with consecutive dates including periods of unemployment from leaving school:

<b>Employment History:</b>			
Position	Date: from	Date: to	Reason for leaving

Please continue if necessary on a separate piece of paper or on the reverse and bring all evidence of training achieved to the interview.