

LEISURE

Please give details of your leisure interests, sports and hobbies and other pastimes.

REFERENCES

Please give the name and address of two people from whom we may obtain a character and work experience reference.

1	
2	

CRIMINAL RECORD

Please give details of any criminal convictions except those spent under the Rehabilitation of Offenders Act 1974.

DELETE as appropriate

For the purpose of this post you are / are not required to provide this information.

HEALTH DETAILS	
Doctor's Name and Address:	
Please list any diseases, disorders or allergies from which you have suffered or do suffer	
Are you afraid of heights or confined spaces? If so please give details.	
Please give details of any medication you are currently and/or regularly receiving	
Please list all absences from work in the past 12 months and the reasons for such absences	

PROOF OF ELIGIBILITY			
<p>Under Section 8 of the Immigration Act we are required to check all employees are eligible to work within the UK.</p> <p>Please confirm that, if you are offered a position within our organisation, which of the following documents you would be prepared to supply to us and allow us to make a copy of it.</p>			
P45 from previous employer		A U.K. or Republic of Ireland Birth Certificate	Certificate of Registration or Naturalisation as a British Citizen
National Insurance Card		A document stating your National Insurance Number	A National Identity Card issued by a State which is party to the EEAA
Passport		UK Residence Permit issued to a National of a State which is party to the EEAA	Letter issued by Home Office indicating permission
Any other document showing a right to work in the UK			

DECLARATION	
(Please read this carefully before signing the application)	
I confirm the above information is complete and correct and any untrue or misleading information will give my employer the right to terminate any employment contract offered.	
I authorise you to contact my doctor for further details and confirmation of my state of health.	
I agree to undergo a medical examination if you require this.	
I authorise you to contact the above two stated referees.	
Signed :	Dated :

Equal Opportunity Policy Form

We are an equal opportunity employer.

We have a policy to ensure no job applicant or employee receives less favourable treatment on the grounds of sex, disability, marital status, colour, race or ethnic origin, age, religion, religious belief, sexual orientation, gender re-assignment or is disadvantaged by conditions or requirements which cannot be shown by us to be justifiable.

We frequently review selection criteria and procedures to ensure that individuals are selected, promoted and treated on the basis of their relevant merits.

All our employees are given equality of opportunity and are encouraged to progress within the organisation.

We are committed to an ongoing programme of action to make this policy fully effective. To ensure this policy is fully and fairly implemented and monitored and for no other reason, would you please provide this information below.

I would describe my sex and ethnic origin as:

Male		Female	
White	Black - Caribbean	Black - African	Black – Other (Please Specify)
Indian/Pakistani	Bangladeshi	Chinese	Other (Please specify)

Signed

Print name

Job Applied For

Date

When completed, please return this form to us, together with your Application for Employment Form.

FOR OFFICE USE ONLY

NAME OF APPLICANT:

POSITION APPLIED FOR:

Rejection letter – Yes : No

If yes – date sent:

Reasons for rejection /acceptance for interview:

First interview date:

Rejection letter ف 2nd Interview ف

Notes on First interview:

Second interview date:

Rejection Letter ف Offer letter ف

Notes on Second interview:

Acceptance

YES

NO

References

YES

NO

Medical

YES

NO

Start Date