





Name and Address of Employer:.....  
 .....  
 .....

Type of Business.....

Tel No:.....

Name of Supervisor:.....

Your Job Title:.....

Employment Start Date:.....

Leaving Date:.....

Main Duties:.....  
 .....  
 .....

Reason for Leaving:.....

Salary:.....

Please provide any additional information which you feel will support your application:

**Health**

Please answer the following Medical questions

	YES	NO
1. Do you have Diabetes?		
2. Do you suffer from Epilepsy or fits?		
3. Have you ever had blackouts, recurrent dizziness or any condition which may cause sudden collapse or incapacity?		
4. Do you get discomfort or pain in the chest or shortness of breath on exercise?		
5. Do you suffer from any shoulder or back problems?		
7. Do you have any difficulty with your eyesight? (simple problems needing glasses need not be included)		
8. Do you have difficulty hearing normal conversations?		
9. Are you taking any medication that gives you dizziness or drowsiness?		
10. Have you used drugs of abuse within the last 12 months?		
11. Have you had any Alcohol related illness during the last 12 months?		

I authorise the Company to obtain references to support this application once an offer has been made and accepted. I also release the Company and Referees from any liability caused by giving and receiving information.

I confirm that I have no criminal convictions which are not treated as spent under the provisions of the Rehabilitation of Offenders Act 1974.

I confirm that the information given on this form is, to the best of my knowledge accurate and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signed:.....

Date:.....