



BR3AKFREE - JOB APPLICATION FORM

Br3akfree aims to be an Equal Opportunities Employer

1. Please complete this application form, in type or handwritten in black ink as it will be photocopied.
2. Curriculum Vitae will not be accepted, unless otherwise stated.
3. Applications received after the closing date will not normally be considered.
4. The information you provide will be the only basis for reaching a decision about your application.

Application for the post of:

Closing date:

PERSONAL DETAILS

Forenames:

Surname:

Previous Surname (if applicable)

National Insurance Number:

Date of Birth:

Contact / Home Address:

Telephone: Home:

Mobile:

Fax:

Email address:

Are you legally eligible for employment in the UK? Please answer yes or no.
(if appointed, you will be required to provide evidence)

Do you have any special needs to be taken into account at interview, ie access, communicator etc? If yes, please give details

Do you have a current full driving licence? Yes No

Driving licence valid from: To:

Number of Penalty Points (if any) endorsed on current licence:

Have you ever been disqualified from driving, or had motor insurance refused? Yes No

If "Yes", please provide brief details:

A copy of your driving licence must be provided upon offer of position and any changes to be reported immediately. Where applicable, please note a copy of your driving licence must be provided every 6 months .

EDUCATION, TRAINING, AND QUALIFICATIONS				
Name of University, College, Place of Further Education i.e. training establishment	From	To	Subjects studied	Qualifications / Certificates obtained

RELEVANT PROFESSIONAL QUALIFICATIONS	
Please give full details of your membership of any professional body, including the name of the awarding institute registration number, year, and level	
Qualifications	Date

REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975
<p>Under this Order, any employment which is concerned with the provision of health services and where the postholder will have access to people in receipt of health services in the course of their normal duties is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974. The Trust believes that all posts allow access to people in receipt of health services, and therefore applicants are not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. Any information given will be completely confidential. A conviction will not necessarily prevent applicants from being considered for posts.</p> <p>Applicants who are offered employment will be subject to a criminal record check from the Criminal Records Bureau before the appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions.</p> <p>Have you had any convictions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details on a separate sheet.</p> <p>All positions are subject to a Criminal Records Bureau checks (Enhanced)</p>

EMPLOYMENT HISTORY

CURRENT OR MOST RECENT EMPLOYER	
Name and Address	<p>Post Held</p> <p>Salary /Average gross pay per hour/week/month</p>
	<p>From:..... to:.....</p> <p>Details of Notice Period / Availability:</p>
	<p>Brief summary of Duties:</p>
	<p>Reason for leaving / wishing to leave:</p>

PREVIOUS EMPLOYMENT				
<p>Please list details of all full-time and part-time work (paid or unpaid), including any periods of self employment, within the last ten years, starting with the most recent first. You should also account for any gaps in employment.</p>				
Name and Address of Employer	Post Held	Dates		Reason for Leaving
		From	To	

RELEVANT EXPERIENCE / SKILLS AND REASONS FOR APPLYING

(Give full details of what you personally did. Please check that you have addressed all the points on the Job Description and personnel specification)

HEALTH QUESTIONNAIRE

Has your employment ever been terminated on the grounds of ill health?	YES	NO
Approximately how many days sickness have you had in the past 12 months?		
What is your height?		
What is your weight?		
What is your weekly alcohol consumption?		
Do you smoke?		
Are you currently taking any prescribed medicine?		
Are you currently under the care of a doctor or other medical professional?		

Are you currently suffering from or have suffered from, any of the illnesses listed:-		
Lung Disease	YES	NO
Heart/circulatory illness/hyperventilation	YES	NO
Diabetes	YES	NO
Asthma	YES	NO
Hayfever/allergies	YES	NO
Bronchitis/Pneumonia/Pleurisy	YES	NO
Tuberculosis	YES	NO
Epilepsy/Frequent fainting/blackouts	YES	NO
Headaches Migraines	YES	NO
Psychiatric illness/anxiety/depression	YES	NO
Dermatitis/skin sensitivity	YES	NO
Back/neck problems	YES	NO
Recurrent Infections	YES	NO
Hepatitis/jaundice	YES	NO
Stomach/bowel trouble	YES	NO
Joint problems	YES	NO
Severe stress reaction	YES	NO
Depression/anxiety	YES	NO
High blood pressure	YES	NO
Hernia or rupture	YES	NO
Kidney/bladder problems	YES	NO
Hearing/sight problems	YES	NO
Mobility problems	YES	NO
Serious accident	YES	NO

If you have answered "YES" to any questions in this section, please give details and dates where relevant; this is important, especially where you have a qualifying disability under the Disability Discrimination Act 1995, as it will enable us to identify what, if any "reasonable adjustments" need/can be made.

DECLARATIONS:

- 1. I hereby declare that the information given within the medical history section is full and true to the best of my knowledge. I understand that if, later, it is discovered that I have knowingly withheld medical information, disciplinary action may be taken against me, which may include dismissal.

Signature: _____

Date: _____

- 2. I certify that to the best of my knowledge, the information in this application form is correct and complete. I agree that any deliberate omissions, misrepresentations or falsification of the information in this application form will be grounds for the application to be rejected, or possibility of subsequent discharge once employed by the Company. I understand that if employed by the Company this form may be filed on computer and/or in manual records and will be made available to visiting inspectors as necessary.

Applicant's signature:- _____

Date:- _____

(please read carefully ensuring 10 year employment history is complete and any gaps explained in full, then sign and date your application)

Leave blank for office Use: