

Pre-employment form

All questions must be answered. This form must be completed in addition to any other employment application form.

Your details

1 Position applied for

2 Surname

Forename(s)

3 Address

Postcode

Telephone

4 Date of birth

Sex

5 Marital status

4 Are you a registered disabled person?

Yes

No

Professional qualifications

Please detail all of your professional qualifications. The original of any certificate or diploma must be submitted with your application.

Date obtained	Name and address of college/establishment	Qualification
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Training courses

Please detail all training courses you have attended. In particular, you should detail any courses you have attended in manual handling techniques. Details of both initial and refresher courses must be included. The original of any certificate issued must be submitted with your application.

Date obtained	Name and address of training establishment	Qualification
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Medical details

Please give details of any illnesses or other medical conditions you have suffered or are suffering. Particular reference must be made to back pain, 'disc' trouble, rheumatism or arthritis. You must also detail if you have ever been counselled or medically advised in connection with any blood-borne diseases, had X-rays or other special investigations, or taken medicine, tablets or any other form of medical treatment on a regular basis.

Date	Name of illness or medical condition	Length of time away from work
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Accidents

Please detail all accidents you have had both at and away from work. Particular reference must be made to any back injuries or back strain resulting from manual handling.

Date	Details of accident	Length of time away from work

Exposure to infection

Please give details if you have ever been exposed to any biological agents, infectious diseases or any materials such as asbestos which have or could affect your health.

Date	Nature of exposure	Length of time away from work

Hobbies and pastimes

Please give details of all your leisure activities including DIY etc. Particular reference must be made to any hazardous pursuits such as potholing, rock climbing, hang-gliding, martial arts or any activity which could give rise to a back injury.

Nature of hobby or pastime	Length of time away from work as a result of any injuries sustained
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Declaration

I hereby declare that the information given above is correct to the best of my knowledge and belief, and I hereby give my consent to further enquiries being made in order to confirm the information given. Any illness or medical condition from which I have suffered or am suffering, including back pain, and which may affect my ability to undertake the duties required of me in the position for which I am applying, has been declared above.

I understand that the non-disclosure or suppression of any relevant facts known to me may prejudice an application to join the staff or, if appointed, any benefits applicable thereafter and could lead to the termination of my employment.

Signature

Print name

Date

Your attention is drawn to the following provisions from the Access to Medical Reports Act 1988:

1. An employer cannot apply for a medical report on behalf of an employee unless the employer has notified the individual concerned and received their consent.
2. The individual is entitled, on request, to have access to the report before it is supplied.
3. The employee can veto production of the report to the employer and the employee can request that the report be amended by the doctor if it is inaccurate or misleading.

This form must be kept for 40 years.

THIS FORM MAY BE COPIED



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