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APPLICATION FOR EMPLOYMENT SUPPLEMENTARY INFORMATION

POST APPLIED FOR:

Please complete legibly in your own handwriting in black ink

Surname	Forename(s)
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HEALTH DETAILS

Please list any diseases, disorders or allergies from which you have suffered or do suffer.	
Please detail any form of medicine or treatment you are currently and/or regularly receiving	Doctor's Name and Address
Do you have any disabilities which may affect your duties? YES/NO If YES please give details	
If you have a disability please detail any reasonable adjustments that you believe may be needed either for interview purposes or to enable you to carry out the post applied for.	

DECLARATION (please read this carefully before signing)

<ol style="list-style-type: none">1. I confirm that the above information is complete and correct and that any untrue or misleading information will give the employer the right to reject my application, to withdraw any employment contract offered or, if employed, dismiss without notice.2. I agree that the information provided in this application form may be processed by the employer in relation to my application for this post to assist in the decision making progress. I further expressly agree that, should it be necessary to validate any of the information provided herein, the employer may release this information for verification purposes. If successful in my application it is agreed that any information provided will be retained by the employer in a secure confidential file and the contents only used for necessary business purposes subject to my express consent for disclosure where necessary.3. I hereby give my authority for the employer to contact my own doctor for any further details of my state of health.4. I agree that the employer reserves the right to require me to undergo a medical examination.5. I am not currently included (either provisionally or fully) on the list of persons considered unsuitable to work with vulnerable adults maintained by the Secretary of State for Health.6. I give my consent for disclosure of an enhanced criminal record certificate.
SIGNED _____ DATE: _____