





## D REFERENCES

Please list names and addresses of two persons from whom we may obtain references. One of these must be from your latest/current employer. We reserve the right to contact past employers. Current employers will not be approached until you give us your permission to do so.

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## E HEALTH DETAILS

Do you have a mental or physical disability: YES  NO

If YES ... please give details

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What adjustments (if any) need to be made to the working environment to accommodate your Disability?

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Please give details of all absences from work in the last 12 months.

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Please complete the enclosed Health Check form.

**F LEISURE** - Please note any sports, hobbies, pastimes etc:

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**J DECLARATION** (Please read this carefully before signing this application)

I confirm that the above information is correct and that any false or misleading information will give my employer the right to terminate any employment contract offered.

Signed ..... Date .....



## EQUAL OPPORTUNITIES – VOLUNTARY INFORMATION

We strive to be an equal opportunity employer, and our policy on this important subject is contained within our Employee Handbook. Our policy is so designed to ensure that none of our employees or prospective employees receives less favourable treatment as a result of sex, disability, marital status, colour, race, creed or ethnic origin. Equally we aim to ensure that no such employee is disadvantaged by terms and conditions of employment which cannot be justified.

In order that we can monitor the effectiveness of our policy and subsequent actions we need to monitor the sex and ethnic origins of our employees, and to this end we ask for your co-operation in providing the following information: (Please tick the appropriate box). If you do not wish to complete this form you are not obliged to do so.

<b>SEX:</b>	MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>
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WHITE	<input type="checkbox"/>	BLACK-CARIBBEAN	<input type="checkbox"/>	BLACK-AFRICAN	<input type="checkbox"/>
BLACK OTHER	<input type="checkbox"/>	(please specify .....			
INDIAN	<input type="checkbox"/>	PAKISTANI	<input type="checkbox"/>	BANGLADESHI	<input type="checkbox"/>
CHINESE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	(please specify.....)	

NATIONALITY:
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POSITION APPLIED FOR .....

SIGNED .....

PRINT NAME .....

DATE .....



