



CRIMINAL RECORD	
Please note any criminal convictions, except those spent under the <i>Rehabilitation of Offenders Act 1974</i> . If none, please state.	

HEALTH INFORMATION	
Do you consider yourself disabled?	Yes/No*†
If yes, please detail any reasonable adjustments you are aware of that you would like the company to consider.	
Please list all absences from work in the past 12 months and the reasons for such absences.	

REFERENCES	
Please supply the names and addresses of two persons – one of whom should be your present/last employer – from whom we may obtain both character and work experience references.	
Tel:	Tel:
E-mail:	E-Mail:

\*please delete as appropriate

† If you have indicated 'yes', we reserve the right to follow this up with a pre-employment medical questionnaire.

**Declaration**

- I confirm that the above information is complete and correct, and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
- I hereby give my authority for the company to contact my own doctor to obtain any further information on my state of health.
- I agree that the company reserves the right to require me to undergo a medical examination in the event of my appointment.
- I hereby give my consent to the company processing the data supplied on this application for the purpose of recruitment and selection.

**Signed:** ..... **Date:** .....