

NEVILLE AND MORE

APPLICATION FORM
CONFIDENTIAL

Notes for applicants

1. Please complete this form in your own handwriting in blue or black ink.
 2. If any of this form does not apply to you, please enter N/A .
 3. Please return this form to The Personnel Manager, Neville and More, Unit 15, Oakhurst Business Park, Southwater, West Sussex, RH13 9RT.
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Personal Details:

Full Name: _____ Title: _____

Address: _____

Email Address: _____

Telephone No. Home: _____ Mobile: _____

Work: _____ Can we contact you during normal office hours? Yes/No

National Insurance Number: _____ Nationality: _____

Do you have a current clean driving licence ? Yes/No Do you own a car? Yes/No

Do you need a work permit or permission to live or work in the UK? Yes/No

If yes, please give details: _____

Please note that if offered employment with Neville and More, sight of legal documentation stating your right to work in this country will be sought. Please also read Appendix 1 – Asylum and Immigration Act 1996. If invited to interview you will be required to bring one or two original documents as set out in Appendix 1.

Post Applied For

Job Title and Location: _____ Date available: _____

How did you become aware of this post? _____

Have you previously applied for a job with Neville and More? Yes/No

If Yes, please state Job Title: _____

Have you previously worked for Neville and More? Yes/No

If Yes, please state when: _____

Current or Most Recent Employment

Full name of employer: _____

Full address: _____

Type of Business: _____ Job Title: _____

Start date: _____ Period of notice required: _____

Current Salary/ benefits £ _____

Duties/responsibilities: _____

Reasons for wishing to leave: _____

Previous Employment

Please give details of your previous employment history, with your immediate past employer first and continue backwards through your career history. Continue on a separate sheet if necessary.

Name and address of employer	Post	Dates	Reason for leaving	Final Salary	Key duties / responsibilities

Qualifications being studied for

Qualification	Method of Study	Level/Part	Expected date of qualification

Membership of Professional Institutes

Institute	Level of Membership	Year of Membership

Proof of Qualifications

If you are offered a post with Neville and More you may be required to provide proof of qualifications indicated on this application form.

Supporting Information

Please tell why you applied for this post, and give a brief summary of relevant experience. Continue on a separate sheet if necessary.

Interests

Please give details of pastimes, hobbies, sports etc.

Health Record

Please indicate below how many days absence through sickness you have had during the past two years (including colds, migraine, etc.) and how many major illnesses or incapacities during the past ten years. If you have had no absence through ill health, please enter "none".

Date From	Date To	Nature of illness or incapacity

Parental Leave

Do you have a present entitlement to Parental Leave ? Yes / No
If Yes, have you exercised your right to Parental Leave ? Yes / No
If Yes, please confirm the number of days taken:

Declaration

I confirm that the information given on this form is, to the best of my knowledge, correct and true. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signature _____ Date _____

Thank you for taking the time to complete this application.

NEVILLE AND MORE

HEALTH QUESTIONNAIRE CONFIDENTIAL

Please Note: The purpose of this form is to ensure that you are fit for proposed employment and that the work entailed will not be harmful to you.

This form is for the **CONFIDENTIAL** information of the Personnel Manager ONLY. No other persons will have access to the personal details that you give below.

PLEASE READ THE QUESTIONS CAREFULLY AND ANSWER THEM IN INK AS ACCURATELY AND AS FULLY AS POSSIBLE.

When completed return the questionnaire, in the envelope provided, to the Personnel Manager, Neville and More, Unit 15, Oakhurst Business Park, Southwater, West Sussex, RH13 9RT.

Surname: _____ Fornames: _____

Title: (eg. Mr, Mrs, Miss, Ms.) _____

Address: _____

Telephone No. Home: _____ Mobile: _____

National Insurance Number: _____

Job Title and Office Location: _____

If previously employed by Neville and More please give the following details:

Job Title and Office Location: _____

Date of Leaving: _____

Please read these notes before completing the remainder of this form.

1. The Personnel Manager may, from the information supplied on this form, decide whether a Medical Examination is necessary.
2. BEFORE ANSWERING THE QUESTIONS YOU SHOULD READ THE DECLARATION TO BE SIGNED ON THE LAST PAGE.
3. ANSWER THE FOLLOWING QUESTIONS INDICATING YOUR ANSWER BY CIRCLING THE 'NO' IF APPROPRIATE, OR BY CIRCLING THE 'YES' IF APPROPRIATE. IF THE ANSWER IS 'YES' to ANY QUESTION PLEASE GIVE DETAILS IN THE 'DETAILS' COLUMN.

Questions

Details

1. Have you ever had in your life, to your knowledge, any of the following?

- | | | |
|---|--------|-------|
| a) Blackouts, Epilepsy, Fits or Faints | YES NO | _____ |
| b) Heart Disease or Disorder | NO YES | _____ |
| c) High Blood Pressure | YES NO | _____ |
| d) Tuberculosis, Bronchitis, Asthma | NO YES | _____ |
| e) Nervous or Mental Disorder 'Nerves' | YES NO | _____ |
| f) Skin Disease or Dermatitis | YES NO | _____ |
| g) Recurrent Gastric, Stomach trouble, Vomiting | YES NO | _____ |
| h) Diabetes or Sugar trouble | NO YES | _____ |
| i) Eye Disease or Disorder | YES NO | _____ |
| j) Major accident resulting in Injury | NO YES | _____ |
| k) Recurrent Diarrhoea, Bowel trouble | NO YES | _____ |

2. Are you at present taking any medicines or Tablets prescribed by your Doctor ? YES NO _____

3. Have you ever had a serious operation? If so, when and for what? YES NO _____

4. Have you stayed away from work in the last year, as a result of an illness or injury, for more than one week? If so, why and for how long. NO YES _____

5. Have you consulted a Doctor in the last five Years ?(continue on separate sheet if necessary) NO YES _____

6. Have you ever had a chest X Ray? If so, give the date of the last X Ray and reasons. YES NO _____

7. Are you a Registered Disabled Person? YES NO _____

8. Have you ever claimed a Disability Pension? NO YES _____

9. Have you ever changed your job for health reasons ? NO YES _____

10. Are you awaiting any surgical operation or hospital appointment ? YES NO _____

11. Have you ever had an accident or illness that is still affecting you ? NO YES _____

12. Do you wear glasses or contact lenses? NO YES _____

13. Do you suffer from hearing difficulties in either ear ? NO YES _____

14. Have you ever been referred to a Psychiatrist? YES NO _____

15. Have you any allergies ? YES NO _____

16. Have you experienced any recurring neck or back problems ? YES NO _____

17. Have you any other health problems that have not already been mentioned? YES NO _____

18. Are there any other health matters that you would wish to discuss with the Personnel Manager YES NO _____

Name and address of your present Doctor. (If none, state 'NONE'):

Name and address of any other Doctor who has attended you during the last five years from whom information regarding your health may be obtained. (If none, state 'NONE'):

EXPLANATORY NOTE

ACCESS TO MEDICAL REPORTS ACT 1988

This note sets out your statutory rights under the Access to Medical Reports Act 1988 and explains the procedure for applying these rights. Under the Act an employer cannot apply for a medical report from a doctor who has been responsible for your physical or mental health care without your consent. The consent form enclosed also asks, in accordance with the Act, whether you wish to see the report before it is sent to Neville and More.

If you have decided that you would like to see the report first, Neville and More will inform the doctor of that fact and will notify you of the date that the application for the medical report is made. You will then have 21 days in which to make arrangements with the doctor to see the report. You must make these arrangements yourself, Neville and More cannot make them for you. The doctor may charge a reasonable fee to cover the cost of administering your inspection.

If you did not indicate on the consent forms that you wish to see the report but later change your mind, on your own initiative, you will be able to notify the doctor that you wish to see the report before it is sent to Neville and More. You will then have 21 days from the date of your notification to the doctor to make arrangements to see the report. Please note however that the doctor is not obliged to delay supplying the report to Neville and More, in case you change your mind. By the time you have decided that you would rather see this report first, the doctor may already have supplied it to Neville and More.

If, following notification to your doctor, you have seen the report, the doctor will not be able to supply the report to Neville and More without your further consent. Having seen the report, you will be entitled to request that the doctor amend any part of the report which you consider to be inaccurate or misleading. If the doctor does not agree to amend the report as requested, you will be able to attach a written statement to the report giving your view on its contents.

Whether or not you decide to see the report before it is supplied to Neville and More, the doctor will be obliged to keep a copy of that report for at least six months after the date it was supplied to them and you will be entitled to have access to that report.

Please note that the doctor is not obliged to let you see those parts of the medical report that he or she believes would be likely to cause serious harm to your physical or mental health or that of others, or which would reveal information about another person or the identity of a person who has supplied the doctor with information about your health unless that person also consents. In those circumstances the doctor will notify you and you will be limited to seeing any remaining parts of the report.

You would be advised to keep this explanatory note for future reference.

IMPORTANT NOTE – PLEASE READ BEFORE SIGNING BELOW

Neville and More is seeking your consent to apply to a doctor for a report, if required, giving information about your health. You are not obliged to give your consent to such an application being made but any decision that Neville and More might have to take will then be taken on only those facts that are already available.

Before you sign in the space below you should be aware that you have certain rights under the Access to Medical Reports Act 1988. In summary these rights are:

1. To withhold your consent for an application to be made to a doctor;
2. To have access to a medical report, if it is prepared by your doctor, before it is supplied to Neville and More;
3. To ask the doctor to amend any part of the report which you consider to be inaccurate or misleading; or
4. If a doctor declines to amend the report, to attach a written statement giving your views on its contents; or
5. To withhold your consent to the report being supplied to Neville and More.

PLEASE NOTE: When a report is prepared by a specialist or company doctor who has not had responsibility for your medical care, you have no right of access to the report.

NB The doctor may withhold from you sections of the report if he or she thinks you would be seriously harmed by seeing it.

The enclosed notes set out in detail your rights under the Act and the procedures for applying them. Please read the whole of the enclosed note before signing below.

Declaration

I declare that all the answers contained in this Health Questionnaire are, to the best of my knowledge, true.

I have been informed of my statutory rights under the Access to Medical Reports Act 1988 and hereby give my consent for Neville and More to apply for a report giving medical information from a doctor who has been responsible for my physical or mental health care.

I understand that this consent form will be copied to that doctor and shall have the validity of the original.

I understand that the report will be treated in confidence by Neville and More, but that advice based upon it may be given to the appropriate individuals.

I do not * / I do * wish to see the medical report before it is sent to Neville and More.

Signed _____ Date _____

* Please **delete** as appropriate