#### NAME:

#### Please complete all sections.

#### Please use Black ink when completing this form.

**APPLICANT'S PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **To be completed by ALL applicants (Section A)** | | | |
| Address: | Telephone numbers:  Home:  Work: | | |
| Postcode: |  | | |
| Date of Birth (dd/mm/yy): | Age (Years): | | Sex : M  F |
| **Personal Mobile Phone and Home Email information** | | | |
| Do you consent to being contacted by email? Yes  No  If Yes, please provide your home email address | | Home email address: | |
| Do you consent to being contacted on your mobile? Yes  No  If Yes, please provide your mobile phone number | | Mobile phone number: | |

**To be completed by all applicants (Section B)**

| Please answer all of the following questions by ticking the box | | Yes | **No** |
| --- | --- | --- | --- |
| 1 | Are you on a hospital waiting list for investigation or treatment? |  |  |
| 2 | Are you regularly attending a hospital, community clinic or seeing a doctor? |  |  |
|  | **Are you suffering from or have you ever suffered from:** | **Yes** | **No** |
| 3 | Any conditions relating to your heart or circulation? |  |  |
| 4 | Any respiratory problems? (e.g. Asthma) |  |  |
| 5 | Any psychological problems? (e.g. nervous breakdown/depression) |  |  |
| 6 | Any eyesight condition that cannot be corrected by wearing spectacles or lenses? |  |  |
| 7 | Any ongoing hearing problems or ear disorders? (e.g. Tinnitus) |  |  |
| 8 | Any ongoing bone, muscle or joint problems? (e.g. Recurrent back pain/Arthritis) |  |  |
| 9 | Any skin diseases or conditions that require medical treatment? |  |  |
| 10 | Any gastro-intestinal or abdominal problems? (e.g. Hernia/Gall Stones) |  |  |
| 11 | Any blood or metabolic disorders? (e.g. Anaemia/Diabetes) |  |  |
| 12 | Any neurological conditions? (e.g. severe headaches/vertigo/epilepsy) |  |  |
| 13 | Any long term or debilitating illness? (e.g. Multiple Sclerosis) |  |  |

**To be completed by All Applicants**

If you have answered **YES** to any of the questions in Section B, then please give further details on the next page:

**Declaration of further information (Section B)**

Please read and complete the Declaration

I certify that I have notified all my medical conditions under further information. I have no reason to believe that my current health will interfere with my ability to undertake the duties of the post for which I have applied, or affect my ability to give good attendance. I understand that withholding information or knowingly giving incorrect information, about my health on this form may result in termination of my self-employed contractors status.

Signed: Date:

Print Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Management to assess further information and sign if the person is ok to work)

**Management signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Data Protection**

Information on this form is classed as sensitive data. Singleton Event Services will hold a digitized copy of this form on a secure password protected computer for the duration of your work with us. By signing this form you agree to Singleton Event Services Ltd holding your data as long as you continue to work for us.

This data will not be passed to a third party without consulting you.