

EDUCATION – Full details are required

Name of School _____

Dates From _____ To _____

Qualifications

Subject	GCSE/A-Level/Other	Month/Year	Grade

FURTHER EDUCATION

If you have completed any University, Professional or other courses, please give details. Also list any professional qualifications you have obtained

Date	Course Undertaken	Establishment	Grading/Qualification

EMPLOYMENT HISTORY – Full details are required

Current/Most Recent Employer

Company Name _____ Type of Business _____

Address _____

Position _____ Date Started _____ To _____

Starting Salary _____ Final Salary _____

Reason for Leaving _____

Please provide a brief description of tasks/responsibilities

Previous Employer (1)

Company Name _____ Type of Business _____

Address _____

Position _____ Date Started _____ To _____

Starting Salary _____ Final Salary _____

Reason for Leaving _____

Please provide a brief description of tasks/responsibilities

Previous Employer (2)

Company Name _____ Type of Business _____

Address _____

Position _____ Date Started _____ To _____

Starting Salary _____ Final Salary _____

Reason for Leaving _____

Please provide a brief description of tasks/responsibilities

LEGAL

Have you ever been convicted of any criminal offence?
If 'yes, please state date of conviction(s) and nature of offence(s)

Yes No

Are you in the process of or have you ever been declared bankrupt, or made any other arrangements or composition with creditors regarding voluntary arrangements?
Or have you had any County Court Judgement against you or an order for attachment of earnings?

Yes No

If yes, please give details, including dates

Do you: Own a car

Yes No

Have a current driving licence

Yes No

Have any motoring endorsements within the last 5 years

Yes No

Please give details _____

Are you legally eligible for employment in the UK

Yes No

Do you require a work permit to work in the UK

Yes No

DISABILITY DISCRIMINATION ACT

The Company realise our obligations under the Disability Discrimination Act, and therefore ask that if you suffer from any condition, please advise us should you require any assistance.

MEDICAL

Have you had to consult your doctor in the past 5 years?

Yes No

How many days absence have you had from work in the past two years? _____

OTHER INFORMATION

Please provide any other information, highlighting any skills, personal qualities or hobbies/interests you feel will support your application (any additional information can be continued on a plain sheet of paper)

I confirm this application is to the best of my knowledge and belief a true statement of fact and agree that if any part is proven to be untrue it will seriously jeopardise this application and any future position with the company.

Signed _____ Date _____

PRE-EMPLOYMENT MEDICAL DECLARATION

Name: _____	Date of birth: _____	Group Number: 25E30006/4
Department: _____	Job Title: _____	Start Date with Company: _____

Please complete this questionnaire giving FULL details. If you are offered a position with our company we may write to your doctor for a Medical Attendance Report. You may be referred to a doctor appointed by the company so that a medical examination can be carried out.

I UNDERSTAND THAT IF I AM APPOINTED AND THIS INFORMATION IS INACCURATE, I AM LIABLE FOR DISMISSAL.

Please Note:

If a material fact is not disclosed in this proposal, any Policy issued may be of no effect.

A material fact is one which is likely to influence the Company's assessment and acceptance of a proposal.

This duty continues throughout the currency of the Policy. If you are in doubt as to whether a fact is material or not you are, in your own interest, advised to disclose all facts.

The liability of the Company does not commence until the proposal has been accepted and the first premium paid.

A copy of the policy wording is available from your Broker.

I declare that the information given is, to the best of my knowledge and belief, correct in every respect, and no material facts have been withheld.

I consent to the Company seeking medical information from any Doctor who at any time has attended me concerning anything which affects my physical or mental health or seeking information from any insurance office to which a proposal has been made for insurance on my life and

I authorise the giving of such information. I agree that this proposal shall form part of the contract and I agree to accept a policy in the Company's usual form for this class of business.

I declare that the amount of Benefit for which I propose is reasonable with regard to my circumstances and any Weekly Benefit, for which I propose, together with all other sources of income payable during disablement, does not exceed 75% of my normal basic weekly income.

This declaration does not prejudice your rights under the Access to Medical Reports Act, 1988.

A.	Yes	No	If Yes, please give <u>FULL</u> details
Have you consulted any doctor during the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	

HEIGHT:		WEIGHT:	
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B. Have you ever:	Yes	No
1. Had an operation?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been seriously injured?	<input type="checkbox"/>	<input type="checkbox"/>
3. Received in-patient treatment for a physical or mental condition?	<input type="checkbox"/>	<input type="checkbox"/>
4. Been refused or dismissed from employment for health reasons?	<input type="checkbox"/>	<input type="checkbox"/>
5. Received a disability pension?	<input type="checkbox"/>	<input type="checkbox"/>
6. Been made ill by your work?	<input type="checkbox"/>	<input type="checkbox"/>

C.	Yes	No
1. Do you intend to travel outside the United Kingdom?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you participate in any sporting or recreational activities for which cover is required?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been declined, accepted on special terms or had cancelled a policy for life, accident, sickness or disability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any existing accident or disability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever claimed on an accident, sickness or disability insurance?	<input type="checkbox"/>	<input type="checkbox"/>

D. Do you suffer from or have you ever had: **All information MUST be provided, however minor you consider it to be.**
Please give as much information as possible, using extra sheets if necessary.

Diabetes	Yes	No	Eating Disorders	Yes	No
Ear trouble (Whether resulting in specialist care or not)	Yes	No	Fatigue (Inc Chronic Fatigue Syndrome or M.E)	Yes	No
Swelling of legs/ankles	Yes	No	Nerve trouble	Yes	No
High blood pressure	Yes	No	Jaundice	Yes	No
Anaemia	Yes	No	Shortness of breath	Yes	No
Period or prostate problems	Yes	No	Eye trouble	Yes	No
Asthma	Yes	No	Hay fever	Yes	No
Headaches/migraines	Yes	No	Epilepsy/fits	Yes	No
Varicose veins	Yes	No	Skin rashes/eczema	Yes	No
Cough (frequent)	Yes	No	Fainting or dizziness	Yes	No
Heart trouble	Yes	No	Arthritis	Yes	No
Stress or depression	Yes	No	Back trouble	Yes	No
Rheumatic fever	Yes	No	Chest trouble	Yes	No

If you have answered yes to any of the questions contained within this declaration, **YOU MUST** provide full details using a separate sheet if necessary.

Notes:

I UNDERSTAND THAT IF I AM APPOINTED AND THIS INFORMATION IS INACCURATE, I AM LIABLE FOR DISMISSAL.

Signature _____ Date: _____

Name: _____