



Breakspears
Technologies

Application Form

Private & Confidential

Photo Here

Application For:

Department:

Personal Details

Title (please indicate)	Mr	Mrs	Miss	Ms	Dr	Other
Last Name	.....				
Other name(s)	.....				
Preferred name	.....				
Address	..... ..... .....				
Post Code	.....				
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone numbers	Day (if we can contact you there)		.....		
	Evening		.....		
	Other (e.g. mobile)		.....		
	E-mail address (private)		.....		
National Insurance No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Have you ever been dismissed from employment for any other reason than redundancy?	YES / NO If YES please give details					

Work Experience

Name and Address of employer	..... ..... ..... ..... .....
Job held	.....
	Current salary (if applicable)	£..... per week / year
	Date of appointment	.....
	Leaving date (if applicable)	.....
When could you start?	.....

Previous Work Experience

Please state most recent work experience first

Date		Name and Address of Employer	Position held
from	to		

Education / Professional Qualifications

Secondary School, College, Uni, etc	Qualification, grade and level obtained	Date obtained

Other Relevant Training

Details of courses, qualifications and / or certificates	Date obtained

Membership of Professional / Technical Bodies / Unions

Professional organisation	Type of membership	Date of entry

Referees

Please give the name and address of two people from whom we can obtain references. One should be your current employer- if unemployed, your previous employer – if you have never worked, a teacher from your place of education.

1. Name	.....	2. Name	.....
Occupation	.....	Occupation	.....
Address	..... ..... ..... .....	Address	..... ..... ..... .....

Driving Licence

Do you hold a current valid Driving Licence?	YES / NO If YES please tick the type FULL <input type="checkbox"/> PROVISIONAL <input type="checkbox"/>
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Permits

Do you require a work permit to work in the UK?	YES / NO
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Convictions

We need to know of any criminal convictions that you have which are <u>not</u> excluded by the Rehabilitation of Offenders Act 1997, including dates and sentence passed. We do not discriminate but are required to record such information.
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Your Health

Please answer the following questions.

If you answer yes to any of the questions in this section, please give brief details including:

- Dates
- Treatment
- Outcome
- Follow-ups

		Yes No	Details (if yes answered to any questions)
1.	Do you have or have you ever had any major physical illness or have you ever had any operation or accident?	<input type="checkbox"/> <input type="checkbox"/>	
2.	Have you ever suffered from any psychiatric or psychological condition?	<input type="checkbox"/> <input type="checkbox"/>	
3.	Are you taking any type of medication, whether prescribed or not?	<input type="checkbox"/> <input type="checkbox"/>	
4.	Please indicate (a) The number of days lost from work due to sickness or accident over the last year (b) The reasons for any absences.		

Your Doctor's Name and Address

Depending on the previous section, Breakspear Technologies may need to contact your doctor for more information. Please note that this form serves as permission for us to do so. If you wish to discuss any details in confidence, please contact the HR Manager.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px dotted black; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px dotted black; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px dotted black; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px dotted black; height: 20px;"></td> </tr> </table>				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Telephone number</td> <td style="border-bottom: 1px dotted black; width: 80%;"></td> </tr> </table>	Telephone number			
Telephone number					
Please ensure the named doctor holds your medical records					

Access to Medicals Reports Act 1988

This is a summary of your principal rights under the Act, which is concerned with reports provided for employment or insurance purposes by a medical practitioner who is, or has been, responsible for your clinical care.

Option A

You may withhold your consent to an application for the report from a medical practitioner.

If you do choose to withhold your consent we may be unable to consider your application for the job. You should contact the HR Manager to discuss your reasons for withholding consent.

Option B

You may consent to the application, but indicate your wish to see the report before it is supplied. (You must make the necessary arrangements with the medical practitioner to see the report; it will not be sent to you automatically.)

The medical practitioner will be informed that you wish to have access to the report and will allow 21 days for you to see and approve it before it is supplied to the applicant. If the medical practitioner has not heard from you in writing within 21 days of the application for the report being made he or she will assume that you do not wish to see the report and that you consent to it being supplied.

When you see the report, if there is anything in it that you consider incorrect or misleading you can request (but this must be in writing) that the medical practitioner amend the report, but he or she is not obliged to do so. If the medical practitioner refuses to amend it you may:

1. Withdraw your consent for the report to be issued
2. Ask the medical practitioner to attach a statement setting out your own views
3. Agree to the report being issued unchanged.

Note: The medical practitioner is not obliged to show you any parts of the report which he or she believes might cause serious harm to your physical or mental health or that of others, or which would reveal information about a third party or the identity of a third party who has supplied information to the practitioner about you, unless the third party also consents. In those circumstances the medical practitioner will so inform you and your access to the report will be appropriately limited.

Health Declaration

I give my permission for Breakspear Technologies to contact my doctor for a medical report. I understand my rights under the Access to Medical Reports Act 1988 and have read the summary of my principal rights above.

Please indicate below whether or not you wish to see the report before being sent to Breakspear Technologies

I **do not** wish to see the report prior to being sent to Breakspear Technologies.



I **do** wish to see the report prior to being sent to Breakspear Technologies. I understand that the doctor will only hold the report for 21 days, after which time, the report will be sent to Breakspear Technologies.



Signed.....

Date.....

Statement In Support of Application

Please include your responsibilities, skills, experience and any training courses attended which you consider relevant to this application. Indicate the key strengths you would bring to the post if successful. Use the space below to give any additional information in support of your application or to expand on answers already given (please identify what information you are expanding on).

Declaration

I confirm that, to the best of my knowledge, the information given herein is true and correct. I understand that should I knowingly make a false statement or conceal any material fact in connection with this application I may be liable to immediate dismissal without notice. I also confirm that if I am invited to attend an interview I will bring with me for inspection on the day all original documentation showing my entitlement to take up an offer of employment in the UK; conversely, if I am not so entitled – e.g. I require sponsorship under the Tier 2 (General) system before I am able to take up employment - I confirm that I will make this known at the commencement of the interview so that this aspect may be thoroughly examined and discussed at the outset.

Signed

Date



Breakspear Technologies

EQUAL OPPORTUNITIES WITH BREAKSPEAR TECHNOLOGIES

The Policy

Breakspear Technologies is striving to be an effective Equal Opportunities Employer.

All employees are recruited, trained and promoted on the basis of ability, the requirements of the job and similar objective criteria.

All job applicants and employees receive equal treatment regardless of age, disability, sex, marital status, sexual orientation, race, colour, religion, nationality, ethnic or national origin.

Putting Policy into Practice

To achieve Breakspear Technologies's policy:

- This statement is given to all employees and applicants.
- All staff on interview panels follow the equal opportunity guidelines.
- Adaptations will be provided where necessary to meet the needs of disabled employees.
- Racial, sexual and other forms of harassment will not be tolerated.
- Implementation of Breakspear Technologies's policy is checked through regular monitoring.

The Policy and You

All employees are responsible for implementing Breakspear Technologies's equal opportunities policies. It is important that all employees of Breakspear Technologies appreciate that they have a responsibility and a role to play in the provision of equal opportunities.

Monitoring Equal Opportunities

Application for	.....
Last Name	.....
Other name(s)	.....
Address	...............

This form is used for monitoring purposes only.

Breakspear Technologies welcomes applications from people of all backgrounds, regardless of age, disability, sex, marital status, sexual orientation, race, colour, religion, nationality, ethnic or national origin. To help us monitor the effectiveness of our policy please tick the following as appropriate.

I am:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Do you consider yourself to be disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I would identify my ethnic origin as:		
1. European <input type="checkbox"/>	2. Afro-Caribbean <input type="checkbox"/>	3. African <input type="checkbox"/>
4. Chinese <input type="checkbox"/>	5. Indian <input type="checkbox"/>	6. Pakistani <input type="checkbox"/>
7. Mixed Parentage <input type="checkbox"/>	Please describe	
8. Other <input type="checkbox"/>	Please state	
I saw this job advertised in:		
If not from an advertisement please state how you learned about the job:		
.....		
.....		
Are you currently employed by Breakspear Technologies?	Yes	No <input type="checkbox"/>
If yes, please indicate if your employment is:	Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>