ATC SYSTEMS LTD **APPLICATION FORM**

1. **PERSONAL DETAILS**
   (As stated on identification document(s))

TITLE ____

SURNAME ____

FORENAME(S) ____

ADDRESS ____

____

POSTCODE _________

TELEPHONE NO (HOME) ____

TELEPHONE NO (MOBILE) ____

DATE OF BIRTH ________________

GENDER **MALE/FEMALE**
(Delete as appropriate)

NATIONAL INS NO _________________

MARITAL STATUS SINGLE / MARRIED / DIVORCED / CIVIL PARTNER
(**Delete as appropriate**)

CURRENT UK/NI DRIVERS LICIENCE No _______________

VALID UK/ROI PASSPORT No _______________

Do you have the right to work in the UK? Yes/No
(**Delete as appropriate**)

(Note: the company will require proof of this right before an offer of employment can be confirmed – e.g. Birth certificate and/or any other appropriate document required to confirm your right to work in the UK as required by the Asylum and Immigration Act 1996)

2. EDUCATION AND TRAINING

Please list the type of schools, colleges, universities attended along with examinations and grades achieved. (Use continuation sheet if necessary).

DATE	INSTITUTION ATTENDED	SUBJECT	GRADE ACHIEVED

3. PROFESSIONAL BODIES

Please list membership of professional bodies. (Use continuation sheet if necessary).

DATE JOINED	INSTITUTE/ORGANISATION	GRADE OF MEMBERSHIP (if appropriate)

4. EMPLOYMENT RECORD

Starting with the most recent please list your present and previous employers and explain any gaps in your employment history.

Name & Address of Employer & Nature of Business	From/To	Job Title & Responsibilities	Final Salary & Reason for Leaving

TRAINING

Details of training courses attended and awards achieved, including dates if appropriate:

Training Course Attended	Date	Qualification achieved	Award

5. Please state your notice period in number of weeks. ______ Week's notice

6. DISABILITY DISCRIMINATION ACT 1995

Do you require any special arrangements to be made to assist you if called for interview?

Please provide details.

……………………………………………………………………………………………….

……………………………………………………………………………………………….

……………………………………………………………………………………………….

7. ADDITIONAL INFORMATION

Please provide any additional information that you think would support your application. Include specialised training, seminars, workshops, accreditations, special achievements or valuable skills.

8. REFERENCES

Please supply the names and addresses of two references, one of which should be your present or recent employer. (**References will not be contacted without your prior approval).**

NAME: ________________________	**NAME:** ________________________
ADDRESS : _____________________ _____________________ **POSTCODE:** _________ **TEL NO:** __________________ **OCCUPATION:** ___________________ **RELATIONSHIP:**___________________	**ADDRESS:** ______________________ ______________________ **POSTCODE:** ________ **TEL NO:** ___________________ **OCCUPATION:** ___________________ **RELATIONSHIP:**__________________

9. Please read and sign the declarations below:

I certify that all information which I have provided is correct. I understand that any false information given may result in a job offer being withdrawn.

I agree that any offer of employment is subject to satisfactory references including pre-employment security checks, medical information supplied, and a medical examination (if required).

PRINT NAME: __________________________________

SIGNATURE: ___________________________________

DATE: ___________________

10. CONTINUATION SHEET

(Please indicate which question(s) is being continued.)

MONITORING QUESTIONNAIRE

Please complete and return in separate envelope to the Monitoring Officer

Monitoring Questionnaire **Private & Confidential**

Ref No:

We are an Equal Opportunities Employer. We do not discriminate on grounds of religious belief or political opinion. We practice equality of opportunity in employment and select the best person for the job.

To demonstrate our commitment to equality of opportunity in employment, as required by the Fair Employment and Treatment (NI) Order 1998.

Regardless of whether we practice religion, most of us in Northern Ireland are seen as either Roman Catholic or Protestant. We are therefore asking you to indicate your community background by ticking the appropriate box below.

I am a member of the Protestant community ☐

I am a member of the Roman Catholic community ☐

I am a member of neither the Protestant or Roman Catholic community ☐

Please indicate whether you are Male ☐ **Female** ☐

If you do not complete this questionnaire, we are encouraged to use the "residuary" method, which means that we can make a determination on the basis of personal information on the application form.

Section 1 of the Disability Discrimination Act describes a disabled person as a person with a 'physical or mental impairment which has a substantial or long-term effect on his/her ability to carry out normal day to day activities'.

Using this definition would you consider yourself to be disabled? YES/NO (Please delete as appropriate)

Note: It is a criminal offence under the legislation for a person to **"give false information… in connection with the preparation of the monitoring return**

PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

ATC SYSTEMS LTD APPLICATION FORM

ALL INFORMATION GIVEN WILL BE TREATED AS STRICTLY CONFIDENTIAL.

Please Complete Form In Block Capitals In Black Ink.

1. Personal Details:

Position Applied For:	Job Ref no:
Surname (Mr./Mrs./Miss):	
First Names:	
Address:	
Daytime Telephone No:	
Name & Address of GP:	

2. Occupational History:

2.1 Has your employment ever been terminated on the grounds of ill health? ☐ yes ☐ no.

2.2 Approximately how many days/weeks sickness absence did you have?

In the last twelve months:
In the twelve months prior to that:

3. Medical History:

Are you currently taking prescribed medicine: ☐ yes ☐ no
Are you currently under the care of a doctor or other medical professional: ☐ yes ☐ no
When did you last consult your GP and why:

3.1 Are you currently suffering, or have suffered, from any of the illnesses listed below?

Heart trouble yes ☐ no ☐	Lung disease yes ☐ no ☐	Stomach/bowel trouble yes ☐ no ☐	Jaundice/hepatitis yes ☐ no ☐
Joint Problems. yes ☐ no ☐	Diabetes yes ☐ no ☐	Allergies. yes ☐ no ☐	Headaches/migraines. yes ☐ no ☐
Severe stress reaction yes ☐ no ☐	Serious accident. yes ☐ no ☐	High blood pressure. yes ☐ no ☐	Asthma. yes ☐ no ☐
Hernia or rupture. yes ☐ no ☐	Kidney/bladder disorder yes ☐ no ☐	Back/neck problems yes ☐ no ☐	Fits/blackouts/epilepsy yes ☐ no ☐
Depression/anxiety yes ☐ no ☐	Hearing/sight problems yes ☐ no ☐	Skin problems yes ☐ no ☐	Surgical operations yes ☐ no ☐

3.2 Are you a Registered Disabled yes ☐ no ☐

Person?

4.0 If you have answered “yes” to any questions in Section 2 or 3, please give details and approximate dates where relevant.

Declaration **(to be completed by all applicants)**

I hereby declare that the information given is full and true to the best of my knowledge.
I understand that if, at a later date, it is discovered that I have knowingly withheld medical information, disciplinary action may be taken against me, which may include dismissal.
I agree to attend a medical assessment with an appointed Occupational Physician if required.
I understand a report from my GP will only be requested in relation to the information I have given in this form, and the impact my health may have on my ability to work; or the impact work may have on my health.
I agree that ATC Systems Ltd may process the information contained in the questionnaire for the purposes described above in accordance with the Data Protection legislation.

Signed: ______________________________ **Date:** ______________________________

ACCESS TO MEDICAL INFORMATION – CONSENT FORM

(Reference – Access to Medical Reports Act 1988)

TO BE COMPLETED BY ALL APPICANTS

Surname (Mr./Mrs./Miss):
First Names:
Date Of Birth:
Address:
Daytime Telephone No:
Name & Address of GP:

In order to clarify the information that you have given in pages 1 & 2 of this medical questionnaire, it may be necessary for ATC Systems Ltd to apply to your doctor for a report. The content of any such report is confidential and will only be made known to the ATC Systems Ltd Human Resources (HR) Manager. Under the Access to Medical Reports Act 1988 these are your rights. Please read them carefully before you sign this form of consent permitting ATC Systems Ltd to ask for a report.

You are entitled to:

1. Withhold your consent for an application to be made to your doctor.
2. See the medical report before it is supplied to ATC Systems Ltd. (You have 21 days from the day the report is requested to view it before it is sent). It is your responsibility to make the necessary arrangements with your doctor (your doctor may make a charge for this). Should you not wish to see your GP report before it is sent to ATC Systems Ltd, you are still entitled to view it at your GP's surgery for six months after the date it was requested.
3. Ask your doctor to amend any part of the report that you consider being inaccurate or misleading; or if your doctor declines to amend the report, you may attach a written statement giving your views or you may withdraw your consent to the report being supplied to us.

Declaration:

1. I have been informed of my statutory rights under the Access to Medical Reports Act 1988 and hereby give my consent for you to apply for a medical report from my 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.

2. I do / do not wish to see my doctor's medical report before it is sent to ATC Systems Ltd.

Signed: ___________________________________

Date: ___________________________