

APPLICATION FORM



Position applied for:

Ref No.:

Date:

Name: (in block letters):	
Surname:	
Forename(s):	Mr/Mrs/Miss/Ms:
Telephone Numbers: Home:	Work:
Mobile:	
Address:	Postcode:
	Email Address:
Date of Birth:	National Insurance Number:
Do you have a current driving licence? Provisional <input type="checkbox"/> Full <input type="checkbox"/> HGV <input type="checkbox"/> No <input type="checkbox"/>	
Have you had any driving convictions? (Including Penalty Points) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please give details:	
.....	
Do you need a work permit to work in the UK and Ireland? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, do you have one? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Particulars of Education after 11 years of age

Type of School, College of Further Education or University (PLEASE DO NOT STATE NAME OF ORGANISATION)	Date of Attendance

Please complete all sections of the application form where applicable as omission may result in your application not being included in the short listing process.

Should you be successful you will be required to produce official original proof of any qualifications which you rely on to support your application.

Particulars of Qualifications obtained – (GCSE, GCE, CSE, GNVQ, HND Degree, etc)

Year	Examining Body	Level of Qualifications Obtained	Subject	Mark or Grade

Please describe your level of experience in using computers, giving examples of programs and packages used:

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Particulars of Professional Qualifications obtained:

Title of Qualifications	Date of Award

Membership of Professional Bodies:

Title of Professional Body	Date of Registration and Number

Education or Professional Studies in Progress:

Nature of Studies	Date of Completion

Details of present employment and position held:

Name and Address of Present Employer (if any)	Date Employment Commenced	Position	Salary on Commencement and Current (Including Bonuses and Incentives)

Details of previous employment and position held:

Name and Address of Previous Employer (if any)	Commencing and Finishing Dates	Position	Salary on Commencement and Current (Including Bonuses and Incentives)

Experience – Please outline below how you feel you meet the criteria for this job

Additional skills

Give details of training which may have relevance to this position

Please outline any personal qualities and achievements, which you feel may support your application (positions or responsibilities held, awards, etc.)

Please give details of any convictions for criminal offences which are not regarded as "spent" convictions under the Rehabilitation of Offenders (NI) Order 1978. (Include nature of offences and sentence.)

Notice required to terminate present position

REFEREES

One of the referees must be your current or most recent Employer (if any) and both should be able to comment on the applicant's ability to carry out the particular tasks of the job.

Current or Most Recent Employer (if any) (Include Name, Position Held, Full Postal Address and contact telephone numbers if available)	
<p>1</p> <p>Name:</p> <p>Position Held:</p> <p>Address:</p> <p>.....</p> <p>Contact No:</p>	<p>2</p> <p>Name:</p> <p>Position Held:</p> <p>Address:</p> <p>.....</p> <p>Contact No:</p>

Reference to your current employer

Have you given your current employer as a referee? Yes No

If 'yes' may they be contacted before interview? Yes No

Employment:

If offered this position will you continue to work in any other capacity? Yes No

Give details:

.....

Medical Questionnaire

Please complete the questionnaire below.

A. Have you ever:	No	Yes	Please give details
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 a driver's licence because of ill health	<input type="checkbox"/>	<input type="checkbox"/>	

B. Do you suffer from or have you ever had:									
Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Epilepsy / fits	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
High blood pressure	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Skin rashes / eczema	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Asthma	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Headaches (frequent)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Arthritis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Heart trouble	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fainting or dizziness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Chest trouble	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Nerve trouble	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Back trouble	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Do you take medicine regularly?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Have you ever had a head injury?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you need glasses to read?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do you suffer from any other ailments?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please give details of any serious illness, operation or disability or of any recurrent illness of a minor nature.

Please note that if you are selected for the post you may be required to complete a Health Declaration Form and may have to attend a medical examination.

I certify that all the information I have completed is correct and understand that any false or misleading information, if proved, may result in no further action being taken on this Application, or, if appointed, dismissal from the company.

Signed _____ Date _____

Ref. No.:



EQUAL OPPORTUNITY MONITORING FORM

PRM Group is committed to ensuring that all eligible persons have equality of opportunity for employment and advancement on the basis of ability, qualifications and aptitude for the work. To ensure the effective implementation of the Equal Opportunity Policy all applicants are requested to complete the following questionnaire. This questionnaire will be removed from your application form and will be strictly controlled in accordance with the relevant Codes of Practice.

Date of Birth / /

Sex: Male Female

Marital Status: Married Single Divorced Separated

Other: (Please Specify)

National Insurance Number:

E C National: Yes No

Ethnic Origins: White Indian Pakistani Bangladeshi
Chinese Black African Black-Caribbean Irish Traveller

Please Note: Ethnic Origin does not refer to nationality, place of birth or citizenship, but is about race and broad ethnic group.

Black-Other (Please Specify)

Other (Please Specify)

Disability Discrimination Act 1995

A person has a disability if she/he has "a physical or mental impairment which has substantial and long-term adverse effect on his/her ability to carry out normal day to day activities".

Do you in accordance with the above have a disability? Yes No
If 'yes' please state nature of disability

.....

If no, have you ever had a Disability? Yes No

Have you any caring responsibility?

Children Relatives Other None

Religious Affiliation/Community Background

PRM is required by the Fair Employment and Treatment (NI) Order 1998 to monitor the perceived religious affiliation/community background of its employees and applicants. In accordance with the Monitoring Regulations 1999, we are asking you to indicate the community to which you belong 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 nor the Roman Catholic Community