





**Experience, knowledge and skills**

Please tell us why you would succeed in this position, giving a brief outline of your experience and skills and how these meet the requirements of the enclosed job specification. You may also provide any other information that you think is relevant to this position. (Continue on a separate sheet if necessary.)

---

---

---

---

---

---

---

---

**References**

Please give the name and address of two referees, one of whom should be your present or most recent employer. Friends and family members are NOT acceptable referees.

Name _____	Name _____
Title _____	Title _____
Address _____	Address _____
_____	_____
_____	_____
Tel: _____	Tel: _____
Role/relationship with referee _____	Role/relationship with referee _____
_____	_____

**Rehabilitation of Offenders Act 1974 - Notice to Offenders**

Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose?      Yes/No

Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

**Health Screening**

This appointment will be subject to satisfactory completion of the Health Declaration overleaf.

I declare that the information given is correct to the best of my knowledge. I understand that omissions or false statements may disqualify me from employment or lead to dismissal. I give **Trinity Healthcare** permission to contact referees or any previous employers.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Personal Health Questionnaire

Please identify whether you have or are suffering from the following:

Asthma . . . . .	. Yes/No	High Blood Pressure . . . . .	Yes/No
Back trouble . . . . .	. Yes/No	Mental Illness . . . . .	Yes/No
Deafness . . . . .	. Yes/No	Muscle/Joint trouble . . . . .	Yes/No
Diabetes . . . . .	. Yes/No	Recurring Bowel trouble . . . . .	Yes/No
Eye Trouble . . . . .	. Yes/No	Recurring Chest Disease . . . . .	Yes/No
Fainting attacks . . . . .	. Yes/No	Recurring Headaches . . . . .	Yes/No
Fits or Blackouts . . . . .	. Yes/No	Stomach trouble . . . . .	Yes/No
Heart Trouble . . . . .	. Yes/No		

Have you any disability which may affect your ability to stand, walk, climb stairs, lift, use hands or drive? Yes/No

Are you currently seeing a doctor about a specific problem? . . . . . Yes/No

If the answer to the question above is Yes, please give details

Are you having any treatments prescribed by a doctor? . . . . . Yes/No

In the last two years have you had any incidences of sickness that have necessitated time off work? . Yes/No

If the answer to the question above is Yes, how many? \_\_\_\_\_

Are you a smoker? . . . . . Yes/No

At present do you or have you recently suffered from:

Ear, nose or throat troubles . . . . .	Yes/No	Yes/No
Skin troubles . . . . .	Yes/No	Yes/No
Diarrhoea . . . . .	Yes/No	Yes/No

## Inoculations

Type	If Yes, give date		
Rubella	Yes/No	Polio	Yes/No
Tetanus	Yes/No	Tuberculosis	Yes/No
Hep B	Yes/No	Varicella	Yes/No

## MRSA Disclosure

I confirm that to the best of my knowledge I am clear of MRSA at present. Should I come into contact or have any suspicion that I have come into contact with MRSA, I will inform Trinity Healthcare immediately.

I certify that I am in good physical and mental health. I declare that the above information is true and correct to the best of my knowledge and that I have not omitted relevant details. I agree to inform you of any changes in my health and understand that if false statements have been made, then it may result in de-registration.

Signed \_\_\_\_\_ Date \_\_\_\_\_