

IMPORTANT INFORMATION FOR APPLICANTS

Applicants should read the following notes carefully before beginning to complete this application form.

Broxap Ltd values diversity and is working towards creating a culture which seeks, respects, values and harnesses differences. In so doing, we are endeavouring to improve our understanding of the differing needs of women, people from minority ethnic groups, disabled people and other marginalised groups who use and provide our services. This application form has been designed to assist us to work towards this goal. It comprises three parts **Sections A, B and C.**

Section A - outlines an applicant's personal details including gender, age, ethnic origin etc. and invites applicants to provide information which will assist the Company in monitoring the effects of its equal opportunities policy and also to improve it. This section of the form will be detached from the rest of the form upon receipt and retained by H R Department. The interviewers will have access only to the information outlined in Sections B & C.

Section B - Medical Questionnaire.

Section C - contains essential information to help determine whether candidates meet the skills required for the role.

It is therefore essential that this application form is fully completed as it will be used to determine whether you meet the skills requirements. If you have any special needs/requirements to enable you to complete this form, please contact us.

A curriculum Vitae (CV) may be submitted as part of your application. In these circumstances please ensure that personal details and information relating to skills, abilities, knowledge and experience are included. If preferred you may submit a CV in place of Section C, but please complete Sections A & B and forward them with your application.

If you are successful in gaining employment with the Company, this form and the information it contains will form part of your personnel record. If you are unsuccessful, the information will be destroyed after a period not exceeding six months from the closing date. In all cases the information will be held securely in accordance with the Data Protection Act.

| | |
|--|--|
| SECTION A This form should be completed in ink or type. | FOR OFFICE USE ONLY Candidate Reference No: |
|--|--|

| 1. DETAILS OF VACANCY | |
|-----------------------|---------------------|
| Job Title: | Closing Date: |
| Department: | |

| 2. PERSONAL DETAILS | |
|--|----------------------|
| Surname/Family Name: | First Name(s): |
| Title: Mr / Mrs / Miss / Ms / Dr (please delete) | Date of Birth: |
| Address | Tel No. Home: |
| | Tel No. Work: |
| | Mobile No: |
| | Email Address: |
| Post Code | |

3. ASYLUM AND IMMIGRATION

To comply with Asylum and Immigration legislation you will be required, if appointed, to provide at least one document from the specified list which provides evidence of your entitlement to work in the UK. Please tick at least one of the following original documents that you will be able to provide when requested.

- A document from a previous employer, the Inland Revenue, the Benefits Agency, the Contribution Agency or the Employment Service showing your name and National Insurance Number. This could be a P45, a pay slip, a P60 and NI card or letter.
- A passport confirming that you are either a British Citizen or a European Economic Area national or which shows that you are otherwise entitled to live and work in the United Kingdom.
- A birth certificate confirming birth in the United Kingdom or Republic of Ireland.
- A letter from the Home Office confirming that you are allowed to work.

4. DISCLOSURE

The Company welcomes applications from all candidates. Criminal records will be taken into account for recruitment purposes when the conviction is relevant. Unless the nature of the work demands it, you will not be asked to disclose convictions which are 'spent' under the Rehabilitation of Offenders Act 1974. Having an unspent conviction will not necessarily bar you from employment. Further details will be provided in the recruitment pack.

Have you any previous convictions? Yes No

If YES, please give details of the offence(s), including the date and sentence:-

.....

.....

.....

The Rehabilitation of Offenders Act 1974 requires applicants to give details of any convictions which are not spent. Failure to disclose such convictions could result in disciplinary action or dismissal.

5. DECLARATION

I declare that all the information I have provided is true. I understand that if any information disclosed is found to be false following appointment, I may be liable to dismissal without notice.

Signature Date:

To your knowledge are you related to any member(s) currently employed by the Company?

YES NO

If yes, whom?.....

6. EQUAL OPPORTUNITIES (Please tick appropriate box)

GENDER: Male Female

ETHNIC ORIGIN I would describe my ethnic origin as:

WHITE British Irish Any other white background
 Please specify

MIXED White and Black Caribbean White and Asian
 White and Black African Any other mixed background
 Please specify

ASIAN OR
 ASIAN BRITISH Indian Pakistani Bangladeshi
 Any other Asian background Please specify

BLACK OR
 BLACK BRITISH Caribbean African Any other Black background
 Please specify

CHINESE Chinese Any other Ethnic group
 Please specify

7. DISABILITY

Do you consider yourself to be disabled? YES NO

If yes, please give brief details of your disability to assist us in our endeavours to monitor equal opportunities.

Please identify any special requirements which would assist you:

a) in the recruitment process

b) to enable you to carry out the job

SECTION B - Medical Questionnaire

The information submitted on this form will enable us to comply with the Disability Discrimination Act 1995.

Please circle the applicable answer. If you answer "Yes" to any question use a separate page giving full details, dates and level of treatment. Also give details of any condition or illness which may affect your suitability or capacity to undertake the position applied for?

| | | | |
|---|---|-----|-----|
| A | In the last 5 years, have you undergone a surgical procedure or do you have any other medical condition requiring investigation, surgical procedure or for which you are awaiting treatment? | Yes | No |
| B | Are you currently receiving any medical treatment, medication or drugs? | Yes | No |
| C | Please state if you have suffered from or had any symptoms of the following in the last 3 years: | | |
| | a) An accident with on-going treatment or symptoms, physical defect, disc or back trouble, hernia or been hospitalised? | Yes | No |
| | b) Nervous or mental / psychiatric disorder (mental breakdown, anxiety or depression)? | Yes | No |
| | c) Cancer in any form? | Yes | No |
| | d) Any recurring chronic infection? | Yes | No |
| | e) Epilepsy, fits, fainting, giddiness, blackouts or any disease of the nervous system? | Yes | No |
| | f) Dermatitis, skin allergies or other skin disease (Eczema, Psoriasis etc)? | Yes | No |
| | g) Rheumatism, arthritis, gout or rheumatic fever? | Yes | No |
| | h) Any complaint resulting in your hearing or sight being affected on an on-going basis? | Yes | No |
| | i) Chest or heart complaints, blood pressure, palpitations, shortness of breath or circulatory disorders? | Yes | No |
| | j) Conditions affecting the lungs, respiratory problems, Bronchitis, Asthma, persistent coughing, TB or Pleurisy? | Yes | No |
| | k) Any on-going disorder of the Stomach, including ulcers, liver, kidneys, prostate, urinary or reproductive systems or bowel disorder? | Yes | No |
| | l) Diabetes, Thyroid or any other similar glandular disturbance? | Yes | No |
| | m) Aids or Aids related virus? | Yes | No |
| | n) Alcohol or drug-related problems? | Yes | No |
| | o) Are you allergic to or have any allergic reaction to any drugs or specific substances? | Yes | No |
| D | Do you have any other illness or condition which you feel we should be aware of? | Yes | No |
| E | Have you had any absence due to sickness in the last 2 years, if yes give details. | Yes | No |
| F | Have you ever sustained an industrial injury? If yes please give details. | Yes | No |
| G | I am prepared to undergo any medical examination by a physician, practitioner or occupational health examiner if requested and to co-operate with the company in matters relating to my health. I understand that any report will be treated in confidence. Doctors Details: Name: Practice Address: Tel No: I give Broxap permission to view my medical records: | Yes | No. |

Declaration - To be completed by the applicant

I declare that the details given in this form are to the best of my knowledge and belief, complete, true and correct in every respect. I understand and accept that if any of the information given is incorrect or untrue, it may prejudice my application and the company reserves the right to terminate my employment.

Signed: Date:

SECTION C

9. DETAILS OF POST APPLIED FOR **FOR OFFICE USE ONLY**

| | |
|-------------------|---------------------|
| Job Title: | Candidate No: |
| Department: | |

10. EDUCATION Secondary, Further and Higher

| | | | |
|--|----------------------------------|---|-------------------|
| a) SECONDARY subjects - specify GCSE, CSE, 'O', 'A' levels etc. | | Grade Obtained | |
| | | | |
| b) FURTHER & HIGHER | | | |
| Name of College/University | Qualifications Obtained/Expected | Grade Obtained | |
| | | | |
| c) PROFESSIONAL QUALIFICATIONS / MEMBERSHIP OF PROFESSIONAL BODIES | | | |
| Professional Body/Association | Current Level of Membership | Method of achievement e.g. Application; examination; invitation | Membership Number |
| | | | |

N.B. Qualifications will be checked and verified from time to time

11. TRAINING/DEVELOPMENT/LEARNING (Please list relevant training undertaken)

12. PRESENT/LAST EMPLOYER (Please delete as appropriate)

| | |
|---|---|
| Job Title: Name and Address of Employer: Postcode: Telephone No: | Date Appointed: Current Salary: Other Benefits: Notice Period: |
| Brief description of duties and responsibilities, skills and qualifications required to undertake the role: | |
| | |
| Dates when NOT available for interview: (N.B. Every effort will be made to avoid these dates but this may not always be possible). | |
| Reason for leaving/wanting to leave: | |

13. PREVIOUS EMPLOYMENT

In date order, starting with the most recent. Continue on a separate sheet of paper if necessary. Previous employers may be contacted to validate information provided.

| Name and Address of Employer | Job Title | Brief outline of the role of the job | Reason for Leaving |
|------------------------------|-----------|--------------------------------------|--------------------|
| | | | |

14. SUPPORT INFORMATION

Please describe how your skills, abilities, knowledge and experience is relevant to this role. You may include any unpaid work or other outside interests if appropriate. (Continue on a separate sheet if necessary).

15. REFERENCES

Please give the name and address of two people, one of whom must be your present employer (or if unemployed, your last employer) to whom references can be made. If this is your first employment, please use your school/college. Appointments will be made subject to satisfactory references.

| | |
|-----------------------|-----------------------|
| Present/Last Employer | |
| 1. Name: | 1. Name: |
| Title/Position: | Capacity Known: |
| Address: | Address: |
| | |
| | |
| Postcode: | Postcode: |
| Tel No: | Tel No: |
| Email Address: | Email Address: |

N.B. References will be sought if you are short-listed for interview. If at this stage **you do not** want your current employer contacted, please tick box.

References for successful candidates will be followed up and verified.

16. DECLARATION

I declare that all the information I have provided is true. I understand that if any information disclosed is found to be false following appointment, I may be liable to dismissal without notice.

Signature Date:

To your knowledge are you related to any member(s) currently employed by the Company?

YES NO

If yes, whom?.....

Please return your completed application form to:

**H R Department
Broxap Ltd
Rowhurst Industrial Estate
Chesterton
Newcastle-under-Lyme
Staffs
ST5 6BD**

Thank you for taking the time to complete this application.

Please remember to include the Job Title when you complete the form.