SKILLCARE PRE-EMPLOYMENT HEALTH QUESTIONNAIRE — CONFIDENTIAL HEALTH DECLARATION FORM — COMPREHENSIVE

Please complete the questionnaire below. The information is required with your interests in mind. As a result of the information you give, you may be referred to a doctor appointed by the organisation so that a medical examination can be carried out. If you wish, you may request an interview with the organisation's medical officer/nurse, either as an alternative to completing this form or to provide supplementary information or explanation.

A. Have you ever:	**Yes**	**No**	**Give details**
1. Had an operation?	☐	☐	
2. Been seriously injured?	☐	☐	
3. Had a serious physical or mental illness?	☐	☐	
4. Received in-patient treatment for a physical or mental condition?	☐	☐	
5. Been refused or dismissed from employment for health reasons?	☐	☐	
6. Received a disability pension?	☐	☐	
7. Had a disability?	☐	☐	
8. Been made ill by your work?	☐	☐	
9. Been refused a driver's licence because of ill health?	☐	☐	
10. Been immunised/vaccinated against any infectious illness such as influenza or hepatitis? Include dates of most recent vaccinations to indicate if they are up to date.	☐	☐	
11. Lived overseas? If yes, you may need to assess the risks of infection from the country or countries in question.	☐	☐	
Are you prepared to be vaccinated against any infectious illness that you might be at risk of catching through your work? If not, please give reasons so that the organisation‘s policy can be discussed with you.	☐	☐	

SKILLCARE LIMITED
QUALITY CARE AND SUPPORT SERVICES

B. Do you suffer from or have you ever had:					
Diabetes	Yes ☐ No ☐	Skin rashes/ eczema	Yes ☐ No ☐	Swelling of legs/ ankles	Yes ☐ No ☐
High blood pressure	Yes ☐ No ☐	Anaemia	Yes ☐ No ☐	Menstruation or prostate problems	Yes ☐ No ☐
Asthma	Yes ☐ No ☐	Headaches (frequent)	Yes ☐ No ☐	Varicose veins	Yes ☐ No ☐
Cough (frequent)	Yes ☐ No ☐	Heart trouble	Yes ☐ No ☐	Rupture	Yes ☐ No ☐
Rheumatic fever	Yes ☐ No ☐	Chest trouble	Yes ☐ No ☐	Back trouble	Yes ☐ No ☐
Arthritis	Yes ☐ No ☐	Fainting or dizziness	Yes ☐ No ☐	Ear trouble	Yes ☐ No ☐
Epilepsy/fits	Yes ☐ No ☐	Hay fever	Yes ☐ No ☐	Eye trouble	Yes ☐ No ☐
Shortness of breath	Yes ☐ No ☐	Jaundice	Yes ☐ No ☐	Nerve trouble	Yes ☐ No ☐
Stroke	Yes ☐ No ☐	Depression	Yes ☐ No ☐	Anxiety/Stress	Yes ☐ No ☐

Do you take medicine regularly?	Have you worked in a dusty trade?	Have you ever had a head injury?	Do you suffer from any other ailments?
Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

C. To the best of my knowledge and belief, the information given above is correct. I understand that if I am appointed and this information is inaccurate, I am liable to dismissal.

Signature		Date	
Name			
Department		Employee number	
Job title			
Date of application or transfer			

APPLICATION FORM 2 —
CONFIDENTIAL APPLICATION FOR EMPLOYMENT

If you require this form to be resent to you so that you can fill it in more easily, or for it to be submitted in a different format please contact Camila Bruckl. Examples are a format in Braille, large print or submission via tape recording. This will in no way be detrimental to your application.

1. Application For

Full time ☐ Part time ☐ Shift work ☐ Casual ☐ Home work ☐

Available	[Enter date]
Have you done this kind of work before?	Yes ☐ No ☐
Salary expectations	£ pa

2. Personal Details

Name		DOB:-	NIN:-	
Address				
Telephone numbers	Private		Work	
	Mobile		E-mail	

3. Education

Schools attended	Examinations (subjects/results)

Further education and training	Examinations (subjects/results)

4. Employment

Present/last employer	

Address	

Job title	
Reason for leaving	
Finishing pay	£ pa
Other most recent employer	
Address	
Job role	
Reason for leaving	
Finishing pay	£ pa
Other most recent employer	
Address	
Job role	
Reason for leaving	
Finishing pay	£ pa

5. General

Have you ever been convicted of a criminal offence? Yes ☐ No ☐

(Declaration subject to the Rehabilitation of Offenders Act 1974)

If yes, give details

Membership of professional organisation(s)

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

If yes, give details

Please supply 2 referees

REFERENCE 1	REFERENCE 2
Name:	Name:
Address:	Address:
Contact No:	Contact No
Email:	Email:
Relationship to You:	Relationship to You:

6. Permission to Work in the UK (optional)	
Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK?	Yes ☐ No ☐
If you are successful in your application would you require permission to work in the UK?	Yes ☐ No ☐
7. For Office Use Only	