

STRICTLY PRIVATE

CONFIDENTIAL

Title of post applied for:

Job Ref:

Please write clearly in black ink or type.

1. PERSONAL DETAILS (BLOCK CAPITALS)

Surname:

Address:

<Town>

Telephone:

Height (metres)

2. GENERAL PRACTITIONER'S DETAILS

Name:

Number:

Address:

<Town>

3. EQUALITY ACT 2010

Do you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to do normal day-to-day activities?

Do you have a disability under the

☐ Yes
☐ No

The Equality Act 2010 defines a person with a physical or mental impairment which has a substantial and long-term adverse effect on your ability to do normal day-to-day activities.

Do you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to do normal day-to-day activities?

If yes, what facilities/adjustments/equipment do you need to perform the role?

Do you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to do normal day-to-day activities?

4. PAST MEDICAL HISTORY

Have you ever had to give up a previous job due to a medical condition? If YES, please provide brief details.

YES, please

☐ Yes ☐ No

Have you been off work continuously for more than five years? If YES, please provide details.

more than five years? If

☐ Yes ☐ No

Do you regularly take tablets or medicine for a medical condition?

?

☐ Yes ☐ No

Has any previous occupation caused you any long-term health problems? If YES, please provide details.

please provide

☐ Yes ☐ No

Are you in receipt of a medical pension or disability benefit? If YES, please provide details.

YES, please provide

☐ Yes ☐ No

Is your eyesight normal (with glasses/contact lenses)?

☐ Yes ☐ No

Is your hearing normal?

☐ Yes ☐ No

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5. DECLARATION

I am willing to undergo a medical examination and I declare that the information given in this questionnaire is true and complete.

I will notify you immediately if any of my answers change after I have completed this questionnaire.

Name:

Date:

The Company will treat information provided in this questionnaire in accordance with its Data Protection policy. Information on how data is used and the basis for processing is provided in the [Job Applicant Privacy Notice] **AND/OR** Data Protection policy.

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