





## Health Statement

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? *(please tick)*

Yes       No

Please specify any special arrangements for work associated with any impairment.

Please specify any special arrangements you will need to attend an interview.

Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer currently.

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list all absences from work in the past 12 months and the reasons for such absences.

Are you registered disabled? *(please tick)*

Yes       No

Please give details.

## Current or Most Recent Employment

Current or most recent salary:      £

## Referees

Name and addresses of two employment referees *(at least one should be current or most recent employer)*.  
**We will not approach your referees without your consent, or in the event of an offer of employment being made to you.**

Name & Address of Referee	Relationship
1.	
2.	

## Availability

What is the earliest date you could commence employment?

## Rehabilitation of Offenders

To maintain the safety of our clients and employees, all applicants who are offered employment will be required to undergo a criminal records bureau disclosure. Those who will be in contact with young people or vulnerable adults will undergo a CRB enhanced disclosure.

**Please disclose all previous convictions. Failure to do so may result in the offer of employment being withdrawn or termination of employment.**

Drinksense is committed to the principle of Equal Opportunities, which includes the rehabilitation of offenders.

## Declaration

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. All positions: Which may involve contact with children, young people or vulnerable adults will require a criminal records bureau enhanced disclosure. As such all offers of employment will be subject to receipt of a satisfactory disclosure.

Signed: .....

Dated: .....

## Application Form

**Please return application form to:**

Drinksense  
79a Eastfield Road  
Peterborough  
Cambridgeshire  
PE1 4AS  
Tel: 01733 555532  
Fax: 01733 555531  
Email: centraloffice@drinksense.org

## Office use only

<b>Screen 1</b>	Match		Partial Match		No Match		Initials	
<b>Screen 2</b>	Match		Partial Match		No Match		Initials	
<b>Screen 3</b>	Match		Partial Match		No Match		Initials	
<b>Interview Offered:</b>		Date:		Time:		Confirmed:		
<b>Post Offered:</b>		Date:		Accepted:		Declined:		