



**FIGHTING LUNG CANCER**  
RESEARCH • ACTION ON SMOKING • PATIENT CARE

## APPLICATION FOR EMPLOYMENT

### PRIVATE AND CONFIDENTIAL

Return this form to:

Paula Chadwick  
Personnel Manager  
The Roy Castle Lung Cancer Foundation  
200 London Road  
Liverpool L3 9TA

### POSITION APPLIED FOR:

Surname:		Forename(s):		Title:	
Address					
Post Code:					
Day Time Contact Number:			Evening Contact Number:		
National Insurance Number:					
Current driving licence? Yes/No Groups:                      Expiry Date:			Details of Endorsements:		
Are there any restrictions on you taking up employment in the UK? (if yes please provide details)					Yes / No

### EDUCATION HISTORY

Schools	Qualifications gained
Colleges / Universities	Qualifications gained



**REFERENCES**

Please note here the names and addresses of two persons from whom the company may obtain both character and work experience references.

1.

2.

**LEISURE**

Please note here your leisure interests, sports and hobbies, other pastimes etc.

**CRIMINAL RECORD**

Please note here any criminal convictions except those "spent" under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau / Scottish Records Office.

**GENERAL COMMENTS**

Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post.

**HEALTH DETAILS**

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? 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 suffer.

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.

**DECLARATION**

**(Please read this carefully before signing this application)**

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. I agree that the organisation reserves the right to require me to undergo a medical examination. (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 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. I agree that should I be successful in this application. I will, if required, apply to the Criminal Records Bureau / Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed:

Date: