



Application Form

280 Fulham Road
London SW10 9EW
Tel: 020 7351 1987/1989
Fax: 020 7351 1988
www.kandk.co.uk

Surname: _____	First Name(s): _____
Title: Mr / Mrs / Miss / Ms / Other: _____	Maiden/Previous Names: _____
Address: _____ _____ _____	Tel No's: Home _____ Work _____ Mobile _____
D.O.B: _____	Email Address: _____
	Nationality: _____

NI Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Professional Registration
Passport No: _____	UKCC No: _____ Expires: _____
Do you require a work permit/visa? Yes / No	Professional Indemnity (tick as appropriate)
Do you hold a clean UK driving licence? Yes / No	RCN <input type="checkbox"/> Unison <input type="checkbox"/> MDU <input type="checkbox"/>
Do you have a car? Yes / No	Other _____
Language spoken _____	Renewal date _____

Secondary schools attended: _____ _____ Dates: From _____ to _____	Names of Colleges/Universities/Training Hospitals attended: _____ dates _____ _____ dates _____ _____ dates _____
Qualifications obtained _____ _____ _____	Qualifications obtained _____ dates _____ _____ dates _____ _____ dates _____

Please continue on a separate piece of paper, if necessary

Current Employer

Name of Employer: _____ Dates: _____

Position: _____

Brief details of job:

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Employment History (please list in order, with most recent first) **You may attach a CV if preferred**

Dates	Employer	Position & brief details

References: please supply the names and contact details of two professional referees, one of which should be your most recent employer.

Name: _____ Name: _____

Designation: _____ Designation: _____

Address: _____ Address: _____

Tel / Fax No: _____ Tel / Fax No: _____

May we contact them immediately? **Yes / No****Next of Kin** for contact in an emergency

Name _____ Address _____

Relationship _____

Contact number _____

Criminal Convictions

In order to protect the public the post for which you have applied is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act (exemptions) Order 1975. It is not therefore in any way contrary to the Act to reveal any convictions you have had which would otherwise be considered 'spent'. Any such information will be kept in strictest confidence and used only in the suitability of the application for a position where such an exemption is appropriate. Do you have a criminal record? **Yes / No** If 'yes', please give details on a separate sheet.

Equal Opportunities

Kensington & Knightsbridge Occupational Health Specialists is committed to the establishment and development of a positive policy of equal opportunities in employment and in the delivery of its services. The sole criterion for selection or promotion is the suitability of any applicant for the job.

The information I have given above is accurate to the best of my knowledge. I understand that deliberate omission or mis-statement of the facts may result in refusal or termination of employment with K&K.

Signature: _____ Date: _____

Health Declaration

Please complete by answering yes or no to the following questions. Where you have answered 'yes', please give details.

Name: _____

	Yes	No	Details
1. Have you visited your GP in the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you attended hospital as an in-patient or out-patient in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you suffer from any of the following?	<input type="checkbox"/>	<input type="checkbox"/>	
Chest condition, including asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Heart/circulatory disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Skin complaint	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you ever suffered from fits, faints or blackouts?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you ever suffered from back problems or any musculo-skeletal disorder?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you ever suffered from any mental illness?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Do you take any medicines?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do you have any physical or mental impairment which may affect your ability to work safely	<input type="checkbox"/>	<input type="checkbox"/>	

Immunisation History

	Immunity/vaccination		Details and dates
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	
BCG	<input type="checkbox"/>	<input type="checkbox"/>	

I confirm that the information given is correct to the best of my knowledge.

Signature: _____ Date: _____

Skills Checklist

Name _____

Please tick below your level of competency in the following skills:

Activity	Skilled	Need updating	Unskilled
Pre employment health assessment			
Health screening and surveillance			
Lifestyle screening			
Health education/promotion			
Drug & Alcohol screening			
Counselling			
Spirometry			
Audiometry			
Phlebotomy			
Keystone/vision testing			
ECG's			
Work station/ ergonomic assessment			
Manual handling			
Risk assessment			
Environmental monitoring			
Safety audit			
Advice on PPE			
Travel vaccination/Travel advice			
BCG & Mantoux test			
Yellow Fever			
Malaria Prophylaxis			
First Aid teaching			
Computer literate			
Additional skills: please note any relevant skills, not already listed			

Signed _____

Date _____

Please let us know when you acquire new skills, so that we may update our records.

Please return in the envelope provided. Thank you.