

EQUAL OPPORTUNITIES MONITORING

This section of the application will be detached from your application and will be used solely for monitoring purposes.

The Middle Level Commissioners recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

White <input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Any other white background*	
Mixed <input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> White & Black African	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Any other mixed background*
Black or Black British <input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Any other black background*	
Asian or Asian British <input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other Asian background*
Chinese or Other Ethnic Group <input type="checkbox"/> Chinese	<input type="checkbox"/> Other Ethnic Group*		

*Please specify

Gender: Please specify

Date of Birth:

Do you consider yourself to have a disability:

Yes

No

If yes, please state nature of disability:

.....

.....

The Disability Discrimination Act defines disability as "A physical or mental impairment which has a substantial and long-term effect on the person's ability to carry out normal day-to-day activities"

If you wish, you may disclose information about yourself in this section about your:

Religion:

Sexual Orientation:

How did you become aware of this vacancy?

Media: Date Reference

Please continue on a separate sheet if necessary, giving page number and title heading

MEDICAL HISTORY All applicants must complete the following Medical Questionnaire.

MEDICAL QUESTIONNAIRE

To be completed by the Applicant.

Personal details:

GP's name and address:
.....
.....
.....

Occupational History:

Has your employment ever been terminated on the grounds of ill health? **YES / NO**

Approximately how many days/weeks sickness absence did you have :-

a) in the last twelve months? b) in the previous twelve months?

Medical History:

What is your height? What is your weight?

How many units of alcohol do you consume weekly?

Do you smoke? **YES / NO**

Are you currently taking prescribed medicine? **YES / NO**

Are you currently under the care of a doctor or other medical professional? **YES / NO**

When did you last consult your GP and why?

Are you currently suffering from or have suffered from any of the illnesses listed below:

Heart trouble	YES / NO	Lung disease	YES / NO
Stomach/bowel trouble	YES / NO	Jaundice/hepatitis	YES / NO
Joint problems	YES / NO	Diabetes	YES / NO
Allergies	YES / NO	Headaches/migraines	YES / NO
Severe stress reaction	YES / NO	Serious accident	YES / NO
High blood pressure	YES / NO	Asthma	YES / NO
Hernia or rupture	YES / NO	Kidney/bladder disorder	YES / NO
Back/neck problems	YES / NO	Fits/blackouts/epilepsy	YES / NO
Depression/anxiety	YES / NO	Hearing/sight problems	YES / NO
Skin problems	YES / NO	Surgical operations	YES / NO

Continued overleaf

MEDICAL QUESTIONNAIRE (Continued)

If you have answered 'YES' to any of the questions on the previous page please give details and approximate dates where relevant.

[Empty response box for providing details and dates.]

All the information given on this Medical Questionnaire must be full and true to the best of the applicant's knowledge. If, at a later date and as an employee, it is discovered that any medical information had been knowingly withheld, disciplinary action may be taken which may include dismissal.