

2 For Office Use Only	Acknowledged	CRB
	References/GP	Commenced
	Entered on database	

CONFIDENTIAL

Name & address of your GP:

.....

Do you suffer from:

Blood Pressure	YES/NO	Diabetes	YES/NO
Heart problems	YES/NO	Epilepsy	YES/NO
Any nervous disorders	YES/NO	Any musco-skeletal problems (inc. back problems)	YES/NO
Diminished vision (for any reason)	YES/NO	Are you taking any medication	YES/NO

Have you within the last two years suffered bereavement amongst your close family or friends? (This will not affect your application, but because of the nature of our charity, it would be helpful if you could disclose this to us).

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Do you have your own transport YES/NO

Please give the names of two persons (not family) whom we may contact for references (block capitals):

Name Name

Address Address

.....

Postcode Postcode

It is now a requirement that all people employed at St Michael's Hospice (paid or voluntary) have to have a Criminal Records Bureau check carried out. This will need to be completed at a later date.

If you have any queries regarding this form, please do not hesitate to contact Stephen Rabbitts, Head of Support Services or Ali Hartless, Deputy Head of Support Services.

REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of the work for which you are applying, this post is exempt from the provisions of the Section 4(2) of the Rehabilitation of Offenders Act 1974 (Exemption Orders 1975). Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. Any information given will be treated confidentially.

Signature Date