

Education and Qualifications

Dates	Secondary School/College/University attended (name and address)	Qualifications gained

Please give details of any work-related training you have undertaken. Continue on a separate sheet if necessary

Dates	Topic of Training	Subjects Covered

HIT Pre-employment Medical and Health Questionnaire
We will not contact your doctor without your prior consent

How many days absence have you had from work in the last three years

What were the medical reasons for each absence?

Are you currently taking any prescribed medication? Yes No

If yes, please explain the purpose of each

Have you had any treatment in hospital, either as an inpatient or an outpatient in the last 3 years Yes No

If yes, give dates and details

Dates:

Do you suffer from any injury, illness, medical condition or allergy that might affect your ability to perform your duties Yes No

If yes, please give details



HIT Training Ltd Employment Application Form

Strictly Confidential

Do you consider yourself to have a disability, as defined under the Disability Discrimination Act 1995?

Yes No

If yes, please give details

- HIT Training Limited requires certain information prior to you commencing employment, to ensure that you will be able to perform to the requirement of the job and give reliable service and to ensure that you comply with the relevant Health and Safety regulations. The information is also required to enable the Company to establish whether any reasonable adjustments may need to be made to assist you in performing your duties, in accordance with the Disability Discrimination Act 1995 (amendments) Regulations 2003
- The information that you provide will be treated in the strictest confidence and will be used only for the purpose detailed above, in compliance with the Data Protection Act 1998

Are you registered disabled? Yes No

Criminal Records Disclosure

- Some appointments at Hit Training are subject to satisfactory security clearance. Please indicate by ticking below that you are willing to submit a Disclosure Application should you be offered employment AND that it is pertinent to your job

Yes. I am happy to submit a Disclosure Application Form should this be pertinent to any role I may be offered. I understand Hit Training will reimburse the cost of this to me. ✓ as appropriate

No, I am unwilling to complete a Disclosure Application Form. I understand that this will not preclude me from consideration for roles where this is not required. ✓ as appropriate

References

- Please provide the name and address of two referees who would support your application. We will also request a reference from your current employer

Name:	_____	Name:	_____
Job Title:	_____	Job Title:	_____
Company Name	_____	Company Name:	_____
Address:	_____	Address:	_____
Town	_____	Town:	_____
Post Code	_____	Post Code:	_____
Relationship to you	_____	Relationship to you	_____

Declaration

I declare that the information contained in this application is complete and correct. I understand that if I have knowingly provided false information or withheld relevant details, this could lead to any job offer being withdrawn or subsequent dismissal without notice.

Signed _____ Dated: _____

You may submit any supporting information with your application.



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Equal Opportunities: Recruitment Monitoring (Strictly confidential: for HIT HR use only)

- Hit Training is committed to ensuring equality of opportunity in employment for all and to taking action to avoid discrimination. In line with this commitment all job applicants will be considered only on their ability to carry out job for which they are applying.
- To help us monitor the effectiveness of our policy, please supply information requested below in relation to your age, gender, ethnic origin and disability This information will be kept securely and not made available to anyone before or during short listing. It will not be used in deciding whether to shortlist you for interview or offer you employment.
- The information will only be used to monitor our practices. It will not be revealed outside Hit Training unless requested as part of an overall equal opportunities statistical report which will not identify individuals. All data relating to unsuccessful applications is destroyed after 12 month

Position Applied for: _____

To help us monitor our recruitment processes, please indicate below how you found out about this job

<input checked="" type="checkbox"/> appropriate box	Male: <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth <input type="text"/>
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Ethnicity Which category best describes the ethnic group to which you belong: (2001 Census categories)

White	Mixed	Asian	Black	Chinese or other Ethnic Group
English <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Black Africa <input type="checkbox"/>	Other Ethnic Group <input type="checkbox"/>
Scottish <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Black <input type="checkbox"/>	
Welsh <input type="checkbox"/>	Other Mixed <input type="checkbox"/>	Other Asian <input type="checkbox"/>		
Other White <input type="checkbox"/>				

Disability Do you have a disability? (When answering this question please note that under the Disability Discrimination Act 1995 a disability is defined as ‘a mental or physical impairment which has a substantial and long term adverse effect upon your ability to carry out normal day to day activities’.) If yes please complete the questions below

Please the description(s) that best describe your impairment

Dyslexia <input type="checkbox"/>	Hearing impediment/deaf <input type="checkbox"/>	Wheelchair user <input type="checkbox"/>	Other mobility difficulty <input type="checkbox"/>
	Mental health condition <input type="checkbox"/>	Sight impediment Blind <input type="checkbox"/>	Other disability <input type="checkbox"/>

Is there anything we need to know about your disability in order to offer you a fair selection process? If yes, please detail below:

Do you need any adjustments or support for the interview? If yes, please detail below:

Religion: to which religion/belief group do you belong? Please

Baha’l <input type="checkbox"/>	Buddhism <input type="checkbox"/>	Christian <input type="checkbox"/>	Hinduism <input type="checkbox"/>
Islam (Muslim) <input type="checkbox"/>	Jainism <input type="checkbox"/>	Judaism <input type="checkbox"/>	Sikhism <input type="checkbox"/>
Zoroastrian (Parsi) <input type="checkbox"/>	Other <input type="checkbox"/>	No religion <input type="checkbox"/>	Do not wish to answer <input type="checkbox"/>

Please return this page with your application. Thank-you for your assistance.

You may return this form electronically or email to info@hittraining.co.uk or post to Job Applications HIT Training Ltd, 83 Victoria Street, Westminster, London SW1H 0HW.