**HR FORM: Part C**

***For Office Use Only***

|  |  |
| --- | --- |
| Job Reference No | SC1032/09/17 |
| Applicant Reference No |  |
| Date Received |  |

**1a. Criminal Convictions**

 Have you ever been convicted of a criminal offence or are there any charges outstanding?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

|  |
| --- |
| *If so, please give full details. You need not include motoring convictions unless your driving licence has a current endorsement as a result, and you need not include convictions which are “spent” under the Rehabilitation of Offenders (NI) Order 1978 (see Table of Rehabilitation Periods for Guidance).* |

**1b. Ability to work in Regulated Activity**

Please disclose below any reason you believe you may not be able to work within the definitions of Regulated Activity with Adults and/or Children provided in the ACCESS NI Code of Practice. Further details on these definitions are available from EXTERN on request.

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| --- |
| *If so, please give full details below.*  |

**2. Health Declaration**

 Following the introduction of the Disability Discrimination Act 1995, employers must ensure that employment practices are not discriminatory and that reasonable adjustments are made to the workplace to overcome the effects of disability. In order to help us in this process, applicants must provide the following information, but in doing so should also be aware that answering “yes” to any of the following questions does not necessarily exclude them from the competition, but may require them to provide further information.

|  |
| --- |
| 1. Do you suffer from any medical condition or disability which:
 |
| 1. may prevent your regular attendance at work, or your ability to give effective service over a period of up to one year?

Yes\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. may have health and safety implication for carrying out the job for which you are being considered, e.g. fits, fainting attacks, blackouts or epilepsy

Yes\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. If yes, please give details:
 |
|  |
| 1. Do you suffer from any medical condition or disability which you would like the employer to take into account when considering your application?

Yes\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_ |
|  ***If yes, please give details:*** |
|  |

**3. ATTENDANCE AT INTERVIEW**

 **Disability is defined as “any physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out normal day-to-day activities and which has lasted or is likely to last for more than 12 months”.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider that you have a disability?  | Yes |  | No |  |
| If so, do you require any arrangements to assist you if called for interview? | Yes |  | No |  |
| ***Please provide details of assistance required if applicable:*** |