

**NOTES FOR GUIDANCE: Please read these notes carefully before completing the application form.**

- Equal Opportunities** Coulton Instrumentation Ltd is committed to conducting a recruitment and selection process that is fair and systematic and to promote equality of opportunity. The normal retirement age for employees is age 65.
- About this application form**
1. These guidelines are provided to help you complete the application form to the best of your ability. Should you have any further questions or require further assistance, please contact Caroline McKay on 01202 480303 or email [recruitment@coulton.com](mailto:recruitment@coulton.com)
  2. This application form and information contained in your CV (if supplied) will be used to shortlist for interview.
  3. The information you have provided will be held in accordance with the Data Protection Act.
- Completing the form**
1. Please complete all sections of the application form. The completed form, CV (if supplied) and a covering letter should be sent by post to Caroline McKay, Coulton Instrumentation Ltd, 17 Somerford Business Park, Christchurch, Dorset BH23 3RU. Mark the envelope 'Private and Confidential'.
  2. All applications should reach us by the end of the closing date given in the advertisement. Any applications received after the closing date may not be considered.
  3. Please ensure that you read and sign the Declaration to certify that all the information you have given is true and accurate. Coulton Instrumentation Ltd reserves the right to check any of the details given.
- Acknowledgement of application forms**
1. We will acknowledge all applications if you submit a self-addressed envelope with your application form.
  2. Applicants selected for interview will normally be contacted within two weeks of the closing date for the job advertised.
  3. Details of the interview process will be confirmed in writing to those who are on the shortlist for interview.
- References**
1. In the application form we ask you to give details of two referees. The first referee must be your current or most recent employer. Alternatively, if you have not been employed a representative from the education establishment at which you have recently studied is OK.
  2. If you are successful at the interview we will make you a 'provisional' job offer in writing and will then write to the two referees you have given us. No 'confirmed' offer of employment will be made until satisfactory references have been received.
  3. Please ensure that your referees are in a position to respond quickly.
- Pre-employment medical questionnaire**
1. The Pre-employment Medical Questionnaire will **not** be used as part of the shortlist or selection criteria.
  2. Please put the completed questionnaire in a sealed envelope marked Pre-employment Medical questionnaire when returning your application documents to us. This envelope will not be opened unless we make a 'provisional' offer of employment to you.
  3. If you disclose a medical condition to us we will make all reasonable adjustments to enable you to carry out the main tasks outlined in the Job Description and Person Specification.

COPY NO	01	CONTROL NUMBER CA32/1		ISSUE	D 1
ISSUED TO		PAGE	OF 6	DATE	140109
DATE	140109	APPROVED		M JONES	

# Coulton Instrumentation

17 Somerford Business Park  
Christchurch, Dorset  
BH23 3RU

Tel: 01202 480303  
Fax: 01202 480808  
Email: [recruitment@coulton.com](mailto:recruitment@coulton.com)

## APPLICATION FORM

Internal reference number:

*Position applied for*

--

*Personal details*

Surname:	Forenames:
Address:	
National Insurance number:	
Passport number:	
Telephone numbers:  Work: Home: Mobile:	Email address:

*Asylum and Immigration Act 1996*

Do you hold or require a UK Work Permit to be able to take up this job? Tick the appropriate box

Yes

☐

No

☐

*Current employment*

Employers name:	
Position held:	
Date appointed:	Notice Period:
Salary:	Other benefits:
Reason for wanting to leave:	
Brief details of main duties:	

COPY NO	01	CONTROL NUMBER CA32/1	ISSUE	D 2
ISSUED TO		PAGE	OF 6	DATE
DATE	140109	APPROVED		M JONES

***Previous employment (please attach an additional sheet if necessary)***

Dates		Employer's name and address	Post held and main tasks	Reason for leaving
From	To			

***Education, e.g. school, college, university (Please attach additional sheet if necessary)***

Dates		Name of education establishment	Qualifications including subject and grades obtained	Date awarded
From	To			

COPY NO	01	CONTROL NUMBER CA32/1		ISSUE	D 3
ISSUED TO		PAGE	OF 6	DATE	140109
DATE	140109	APPROVED		M JONES	

***Details of training or vocational courses relevant to this post***

Date		Details of any training or vocational courses including level of qualification, if appropriate
From	To	

***Experience (Please attach additional sheet if necessary)***

<p><b>Please summarise why you feel that you are suitable for this post. Include evidence that you possess the skills, knowledge and experience required in the Person Specification</b></p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

***Referees (please give details of two referees who are professional people (not friends or relatives))***

<b>Current or most recent employer/educational establishment:</b>	
<b>Address for references (if different from that already given):</b>	
<b>Full name and title of referee:</b>	
<b>Relationship, e.g. line manager/HR:</b>	
<b>Telephone number(s):</b>	<b>Email address:</b>

COPY NO	01	CONTROL NUMBER CA32/1		ISSUE	D 4
ISSUED TO		PAGE	OF 6	DATE	140109
DATE	140109	APPROVED		M JONES	

<b>Second referee:</b>	
<b>Address for references:</b>	
<b>Full name and title of referee:</b>	
<b>Relationship, e.g. line manager/HR:</b>	
<b>Telephone number(s):</b>	<b>Email address:</b>

***Criminal convictions (Please attach additional sheet if necessary)***

<b>Do you have any unspent criminal convictions or have any criminal proceedings pending against you?</b>	
<b>Please tick the appropriate box:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If you have answered 'Yes' please give full details below</b>	

***Declaration***

I declare that I have no criminal convictions which are not treated as spent under the provisions of the Rehabilitation of Offenders Act 1974 and which are not disclosed on this application form.

I authorise Coulton Instrumentation Ltd to approach former employers, educational establishments, government agencies and professional referees to verify the information given on this application form.

I accept that any misrepresentation of the facts will be considered as grounds for refusal of employment or dismissal should I be employed.

I declare that the information given by me on this application form is complete and accurate.

<b>Applicant's signature</b>	<b>Date</b>

COPY NO	01	CONTROL NUMBER CA32/1		ISSUE	D 5
ISSUED TO		PAGE	OF 6	DATE	140109
DATE	140109	APPROVED		M JONES	

## PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

Internal reference number:

Name:

Position applied for:

### Data Protection Notice

All information disclosed will be treated in the strictest confidence.

The information you give on the Pre-employment Medical Questionnaire will **not** form part of the shortlist or selection processes. **When returning your application form to us please place this questionnaire in a sealed envelope and mark it Pre-employment Medical Questionnaire.** We will not open this envelope unless we make you a provisional offer of employment.

Certain information is requested prior to you commencing employment with our Company, in order to ensure that you are reasonably and practicably able to carry out the main tasks outlined in the Job Description and Person Specification. The information you give may also be useful if we need to make any reasonable adjustments to assist you in performing your work. This is in accordance with the requirements of the Disability Discrimination Act 1995.

Any information you give us will help us ensure your personal safety and to meet our statutory obligations imposed by the relevant Health and Safety regulations.

**Your doctor will not be contacted without your prior written consent to do so.**

Do you have a disability?

Please tick the appropriate box:

Yes

☐

No

☐

### Disability

If you have indicated 'Yes' to the above question, please state which disability category or categories you consider most appropriately apply/applies to you by putting a tick in one box or more.

Dyslexia or other specific learning difficulty

Mental health difficulty

Deaf or hearing impairment

Blind or sight impairment

Wheelchair user or mobility difficulty

Dexterity and co-ordination difficulties

Aspergers Syndrome/autism

Chronic medical condition (e.g. asthma, diabetes, cancer, epilepsy)

Other


COPY NO	01	CONTROL NUMBER CA32/1		ISSUE	D 6
ISSUED TO		PAGE	OF 6	DATE	140109
DATE	140109	APPROVED		M JONES	