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| Name: | |
| Position applied for: | |

Please provide details of any sickness/absence from work over the last **two years**.

| Period of Absence | | Number of Days Absent from Work | Reason For Absence (Please indicate if this was related to disability or maternity) |
|-------------------|----------|---------------------------------|--|
| Start Date | End Date | | |
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I declare that the information that I have given is true in all respects. I understand that false information may render me liable for dismissal if I am appointed.

Signature:

Date: