



This document is classified as confidential

The information provided on this document will be kept entirely confidential in accordance with the requirements of the Data Protection Act. The information provided will be used to assist in ascertaining the Health & Safety requirements for you and the health, safety and welfare of others.

Name:	
Address:	
Mobile Phone Number:	Evening Phone Number:
E-mail address:	
National Insurance Number:	

Please respond by ticking the boxes and providing details where applicable:	Yes	No
Would you be willing to work abroad?		
Do you hold a current Driving Licence? If yes, <u>PLEASE ENCLOSE A COPY</u>		
Do you have any driving endorsements? If yes, please give details:		

Position Applied For (Tick Box):			
Site Manager <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Charge Hand <input type="checkbox"/> Top Burner <input type="checkbox"/> Burner <input type="checkbox"/> Other _____	Labourer <input type="checkbox"/> Machine Operator <input type="checkbox"/> Fabrication Operative <input type="checkbox"/> Fitter <input type="checkbox"/>		

Education

School/Further Education College	Qualifications Gained

Training

Have you received training on the following? Please give dates of training and provide a copy of all expired and current certificates as proof of training undertaken.

Training Programme	Tick	Training Programme	Tick
Passport to Safety CNSGS		Site Safety Awareness	
Lifting and Slings		Power/Jet Washing	
CITB Labourer		Face Fit Test	
CITB Mattock Man		Access Platform	
CITB Burner		Fork Lift Truck	
CITB Topman		First Aid at Work	
Abrasive Wheels		Confined Spaces	
Risk Assessment		ADR Training	
Breathing Equipment		Portable Scaffolding	
BS7121 Appointed Person		Resuscitation Training	
Drug Awareness		Safety Hot Work	
CITB Demolition Manager		HGV driver	
CITB Plant Operator		Asbestos Operative	
Specify Plant Operator Categories held:		Other Training:	

Employment History

Please give details of your work history. Continue on a separate sheet if necessary, or supply full detailed Curriculum Vitae.

Name of Employer	Brief details of duties	Reason for leaving

Please give full details of 2 employer referees, including telephone number:

Tel:	Tel:
Do you know, or are you related to, anyone who works for BDB? If so, please provide details:	

Declaration: To the best of my knowledge, all the above details are correct.

Signed.....

Print Name.....

Date.....

NI Number.....