



**T&R Direct**

Insurance services

# Employment Application Form

T&R Direct

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Please complete all sections and return to:

T&R Direct Insurance Services  
6 Concept Park  
Innovation Close  
Poole  
Dorset  
BH12 4QT

or email to enquiries@trdirect.co.uk

Position		Branch	
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## Personal Details

Title (Mr/Mrs)		Surname	
First name(s)		Known as	

Home Address	
Post code	

Telephone	Home	
	Mobile	
	Work	
	Email	

Can we contact you on your work telephone number ?	
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Date of Birth		NI Number	
Nationality			

Do you hold a full current driving license ?	
Details of any driving convictions or prosecution pending	

## Qualifications

Please give details of qualifications held, awaited or working towards. Include those gained at school, further education, evening class, any professional qualifications and any other that you feel may be relevant to this post. *Any offer of employment is subject to documentary evidence of qualifications (Where appropriate)*

Qualification	Date Awarded	Result

## Additional training

Please provide details of any specialised training you consider relevant to this post.

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## Previous Employment

Please give details of all previous employment. Please explain any gaps.

From	To	Name and Nature of Business	Your Position and Duties	Reason for Leaving

## Suitability for Post

What attracted you to this post? What contribution do you think you can make to T&R Direct Insurance Services? *Refer to any knowledge, skills, experience, positions of responsibility, results, achievements or other factors, which you would consider relevant to this position.*

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## Medical

As a result of the information you have given you may be referred to a doctor appointed by the company so that a medical examination can be carried out. *(Please note that no applicant is required to reveal his/her H.I.V. antibody status).*

Have you ever:	Yes/No	Details
Had an operation?		
Had a serious injury?		
Received in-patient treatment for a physical or mental condition?		
Been refused or dismissed from employment for health reasons?		

Received any disability pension?		
Been made ill by your work?		
Been refused a drivers license because of ill health?		
Do you take medicine regularly?		
Do you/have you suffered from any medical condition?		
Do you consider yourself disabled under the Disability Discrimination act?		
How many days absence have you had as a result of accident or illness in the past two years?		
How many periods of absence have you had as a result of accident or illness in the past two years?		
Are you aware of any medical condition, which could effect your performance for the post applied for?		

### Equal Opportunities Monitoring Form

To enable the T&R Direct policy of equal opportunities to be effective, detailed monitoring of applications requires to be carried out. Your assistance would be appreciated in providing the following information, which will be treated in the strictest confidence.

Are you Male or Female?	
Marital Status?	
Do you consider yourself to have a disability?	

Is there anyone below who depends on you for day-to-day care and attention?			
Children 0 – 4 years?		Children 5 – 11 years?	
Children 12 – 16 years?		Other member of family?	

Ethnic Origin, Please tick the appropriate box below;					
Bangladeshi		Black Other		Pakistani	
Black African		Chinese		White	
Black Caribbean		Indian		Other group	

## Notice Period

Are you currently employed?	
Do you have to work a notice period?	
If so, how long?	
If offered a position, when could you start?	

## Professional Indemnity Claims

Have you ever had a Professional Indemnity claim against you?	
Have your employers ever received a Professional Indemnity claim involving you?	
Are you aware of any claims, which have not been notified?	
If you have answered yes to any of the above, please give details below	

## Additional Information

Have you been convicted by a court for any offences which are not spent under the Rehabilitation of Offenders act 1974?	
Have you or any partnership or company of which you have been a partner, director, senior manager or qualifying holder <b>EVER:</b> Had a petition for bankruptcy presented against you or been declared bankrupt? Had any judgment debt against you? Ceased trading in circumstances in which one or more of your creditors did not receive full payment? Been convicted of fraud? Bee suspended or struck off the register in any regulatory body?	
Have you every been subject to an investigation in relation to Errors & Omissions?	
Have you ever had a complaint upheld against you?	
Have you been subject to any disciplinary proceedings by a regulated body?	
Are you aware of any disciplinary proceedings by a regulated body, which might be in the offing?	
Do you have or do you require a work permit to take up employment in the UK?	
Do you have any other business interests or secondary employment?	
If you have answered yes to any of the above, please give details below.	

## References

References will normally be taken-up prior to employment (but after a job offer is made). If you have any objections to us contacting any of the employers we ask you to detail below, please tell us here.

In the case of FSA Approved Persons we require references from all employers within the past 10 years. If you are unable to provide references for the full 10 years please state reasons why.

For all other applicants we require references from your 2 most recent employers. If you do not have 2 previous employers please provide details of referees who are able to comment on your character and ability.

### Your Current Employer

Name of line manager	
Position	
Work contact number	
Name and address of company	

### Your Previous Employer

Name of line manager	
Position	
Work contact number	
Name and address of company	

### Your Previous Employer

Name of line manager	
Position	
Work contact number	
Name and address of company	

I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed.

I consent, under the provisions of the Data Protection Act, to T&R Direct Insurance Services processing, by means of a computer database or otherwise, any information which I provide to them, for the purpose of employment by T&R Direct Insurance Services.

We are required to carry out a number of checks for applicants who are FSA Approved Persons. In signing this form, I consent to T&R Direct Insurance Services carrying out the following checks against me:

- Credit record checks
- Criminal records check
- Civil court proceedings check

Signed		Date	
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