**Medical and Right to Work Form**

**This information will be kept separate from your application form,
and will be treated in the strictest confidence.**

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| Please complete the questionnaire below. The information is requested with your interest in mind. |
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| Do you or have you ever suffered from Asthma? | Yes/No |
| Are you Colour Blind? | Yes/No |
| **TDK Lambda is required by law to establish your right to employment in the UK. You must therefore provide 1 photocopied document from Section A or 2 from Section B. These photocopies must be included with the application form.** **Should you be offered an interview you will be required to bring the originals along with you.** |
| **Section A – Supply 1 of the documents listed below:** |
| UK passport describing you as a British Citizen or a Citizen of the UK and Colonies having the right to abide in the UK |
| Passport with Certificate of Entitlement, certifying the right to abide in the UK. |
| Passport or National Identity Card issued by the European Economic Area Agreement. |
| UK Residence Permit |
| Passport or travel documents issued by the Home Office confirming the holder has right of residence in the UK as a family member of a named National of the State |
| Passport or travel document endorsed to show the holder is exempt from Immigration Control |
| Registration Card showing the holder is entitled to take up employment in the UK |
| **Section B – Or 2 of the documents listed below:** |
| P45, P60 or National Insurance card or letter from a Government Agency confirming a permanent National Insurance number |
| Full Birth Certificate |
| Certification of registration or naturalisation as a British Citizen |
| Letter from the Home Office showing the holder has been granted indefinite leave to enter and remain in the UK |
| Immigration Status Document |
| Work permit approved by Work Permit UK |
| Passport to confirm right to enter and work in the UK |

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| **To the best of my knowledge and belief the information given above is correct. I understand that if I am appointed and this information is inaccurate, I am liable to dismissal.** |
| Signature: | Date: |
| Name: | Date of Birth: |
| This information is protected by GDPR 2018 and will be handled accordingly |