



**Norbrook**<sup>®</sup>  
Pharmaceuticals Worldwide



# Staff Application Form



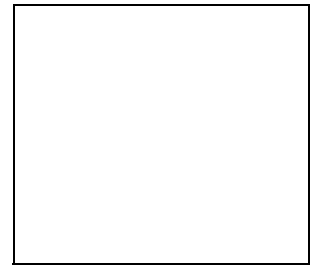
THE QUEEN'S AWARDS  
FOR ENTERPRISE:  
INTERNATIONAL TRADE  
2002

An Equal Opportunity Employer

Please complete fully in BLOCK CAPITALS using black ink.

# Norbrook Laboratories Ltd Staff Application For Employment

Return the completed form to:  
**The Human Resources Department,  
 Norbrook Laboratories Ltd,  
 Station Works,  
 NEWRY BT35 6JP  
 County Down,  
 Northern Ireland**



Please attach passport size photograph

Applicant Reference Number (for office use only):

WEB

<b>Position Applied for:</b>	
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## Part A: Personal Details

<b>Title:</b> Mr/Mrs/Miss/Dr/Other ..... (please delete as appropriate)	
<b>Christian Name(s):</b>	<b>Surname:</b>
<b>Home Address:</b>	
	<b>Post Code:</b>
<b>Previous Address if moved within last 5 years:</b>	
	<b>Post Code:</b>
<b>Home Tel No:</b>	<b>Work Tel No:</b>
<b>Email Address:</b>	<b>Mobile Tel No:</b>

<b>Place of Birth:</b>	<b>Height:</b>	<b>Weight:</b>
<b>National Insurance Number:</b>		
<b>Next of Kin:</b>		

<b>Have you ever been employed or applied for a Post with Norbrook before: Yes / No</b>
<b>If yes, please state the Position applied for and the date:</b>

<b>Leisure/Social Pursuits:</b> Please give details of personal interests.











# Norbrook Laboratories Ltd Pre-Employment Medical Questionnaire

## Strictly Private & Confidential

Applicant Reference Number (for office use only): WEB

<b>Title:</b> Mr/Mrs/Miss/Dr/Other ..... (please delete as appropriate)	
<b>Christian Name(s):</b>	<b>Surname:</b>
<b>Name and Address of your own Doctor:</b>	
	<b>Post Code:</b>

Question ( Tick as appropriate)	Yes	No
<b>1</b> Have you ever at any time suffered or sustained any major illness or injury?		
If the answer to Q1 is "Yes" please give details:		
<b>2</b> Do you suffer from any physical disability, which would be likely to interfere with the proper discharge of duties for the post for which you now apply?		
<b>3</b> If the answer to 1 or 2 above is "Yes" please give details:		
<b>4</b> Please give details of all absences from work/school/college etc of more than 3 weeks duration due to illness or injury during the past 3 years:		
Nature of illness/injury	Year	Duration (approx)
<b>5</b> Are you suffering from or have you ever suffered from a chronic (Long Standing) disease?		
If the answer to Q5 is "Yes" please give details:		
<b>6</b> History of Gastric or Duodenal Ulcers or Indigestion?		
<b>7</b> Have you been abroad during the last 12 months? If so, which country/countries have you visited:		
<b>8</b> Have you ever contracted a disease which can be transmitted by Blood, Saliva or Bodily Fluids such as Hepatitis or HIV?		
<b>9</b> History of contact with typhoid or enteric fever?		
<b>10</b> Have you suffered with Hepatitis a, b, c, d, e?		
<b>11</b> History of skin disease, boils, dermatitis, eczema or psoriasis?		
<b>12</b> Any discharge from eyes, ears or nose?		
<b>13</b> Any history of back trouble, eg slipped disc, back strain, sciatica, spinabifida?		

# Norbrook Laboratories Ltd Pre-Employment Medical Questionnaire

	Question ( Tick as appropriate)	Yes	No
14	Any history of bronchitis, asthma, TB or emphysema?		
15	Have you ever been treated for any Drug Dependencies? (This includes Alcohol)		
16	Do you smoke? If yes, how many cigarettes per day:		
17	Do you drink alcohol? If yes, how many units per week:		
18	Any history of kidney disease or infection of urine?		
19	Any history of heart disease?		
20	Have you suffered from Pins and Needles associated with a loss of power in limbs or muscles?		
21	Any history of aneurysms?		
22	Any history of fits, fainting attacks or dizzy spells?		
23	Have you ever suffered from epilepsy?		
24	Have you ever suffered from Schizophrenia, depression, anxiety, psychosis or any Mental Illness?		
25	Have you received treatment for these diseases?		
	If the answer to Q24 is "Yes" please give details:		
26	Have you ever had any hospital investigation or treatment? If yes, give dates and details		
	Nature of illness/injury	Year	Duration (approx)
27	When did your own Doctor last see you? Give dates and details		
28	Are you at present on any treatment such as injections, tablets or medicines?		
	If the answer to Q28 is "Yes" please give details of treatment and nature of illness or injury:		
29	Have you recently had any form of Vaccinations?		
	If the answer to Q29 is "Yes" please give details:		
30	Do you have a hearing defect of any kind?		
31	Do you wear glasses or contact lenses?		

# Norbrook Laboratories Ltd Pre-Employment Medical Questionnaire

	Question ( Tick as appropriate)	Yes	No
32	Do you suffer from any allergies? (This includes drug allergies)		
33	Do you suffer from hay fever?		
34	Are you colour blind?		
35	Do you have any other injury or disease not mentioned above? If yes, please give details:		
36	Have you been in contact with any ill persons recently?		
	If the answer to Q36 is "Yes" please give details of the diseases and dates.		
37	Would you be prepared to undergo a medical examination?		
38	Are you a Registered Disabled Person? If yes, what is your Registered Number:		
39	Do you have a recognised First Aid Certificate?		
40	If yes, is the Certificate current?		

I declare to the best of my knowledge, the information on this form is correct. I understand that any false statement may disqualify me from employment or render me liable to dismissal.

<b>Signature:</b>	<b>Date:</b>
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THIS SECTION IS FOR OFFICE USE ONLY – NOT TO BE COMPLETED BY APPLICANTS:

## MEDICAL REPORT

<b>Sex:</b>	<b>Date of Birth:</b>	<b>Age:</b>
<b>Position Applied for:</b>		

<b>Brief Description of Role:</b>

<b>Doctor's Comments/Report</b>

<b>Doctor's Signature:</b>	<b>Date:</b>
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# Norbrook Laboratories Ltd - An Equal Opportunities Employer

Applicant Reference Number (for office use only):

WEB

Norbrook Laboratories Ltd is an equal opportunities employer. The policy of the company is to ensure that no job applicant or employee receives less favourable treatment on the grounds of sex, marital status, disability, religion, ethnic or national origins, nor should they be disadvantaged by conditions or requirements which are not justified and relevant to the job. Selection criteria and personnel procedures are reviewed to ensure that individuals are selected, promoted and treated in all other ways purely on the basis of their merit and ability to do the job for which they have applied.

Under the provisions of the Fair Employment (NI) Act 1989, we are required to monitor the religious affiliation of our job applicants. This information also helps us monitor the effectiveness of our policy and to ensure that our employment practices are fair. The answers to the questions below will be treated as strictly confidential and will provide statistical information to senior management, who will be responsible for seeing the selection processes are carried out correctly. This sheet will be detached before the application form and medical questionnaire are considered by management involved in the selection procedures.

Your co-operation would be of great value since the provision of the information is essential in order to enable us to demonstrate that our employment practices are fair.

<b>Position Applied for:</b>
<b>Where did you hear of the vacancy:</b>

\*Please delete those which do not apply

<b>1</b>	Sex	Male	Female
<b>2</b>	Date of Birth		

<b>3</b>	(a) Do you consider yourself disabled?	Yes	No
	(b) Are you a Registered Disabled Person?	Yes	No

<b>4</b>	Please indicate the community to which you belong by ticking the appropriate box below:	
	I am a member of the Protestant community	
	I am a member of the Roman Catholic community	
	I am a member of neither the Protestant nor the Roman Catholic community	

<b>5</b>	If born and / or educated outside Northern Ireland, please give details: