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| **Employee ref:** |  |
| **Request no:** |  |



**Health Assessment Application Form**

**If you would like to take advantage of the health assessment provided by Circle Health, for either you or a spouse, please complete the below application form.**

**If you are applying for yourself, the former employee, please complete sections 1, 3, 4, 5 and 6. If you are applying for yourself and/or a spouse/partner, please complete all sections, including section 2.**

**Please note all applicable fields are mandatory.**

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| **1. About the former employee** | | | | | | |
| **Title** |  | **First Name** |  | | **Surname** |  |
| **Address**  *(Include postcode)* | |  | | | | |
| **Contact telephone number** | |  | | | | |
| **Email address** | |  | | | | |
| **NI number** | |  | | | | |
| **Date of birth** | |  | | | | |
| **Dates of**  **employment with Mansfield Brewery** | | *You may need to provide evidence of this if your employment record is not held on our database* | | | | |
| **Place / Department** | |  | | | | |
| **Health Assessment Type** | | Please indicate which health assessment you would like to take advantage of by ticking one of the below boxes.  **Please note the Advanced Plus is only available to those aged 18-69. This assessment includes an exercise ECG and due to the associated risk, Circle Health do not offer it to those over the age of 69.**  Advanced Plus (ages 18 to 69)  Advanced (ages 18 and over) | | | | |
| **2. Spouse/Partner**  If you are applying for a spouse/partner, please complete their details below.  *Please provide a copy of your marriage certificate (if not done so already) and proof of cohabitation e.g. a recent utility statement.* | | | | | | |
| **Title** |  | **First Name** |  | | **Surname** |  |
| **Email address** | |  | | | | |
| **NI number** | |  | | | | |
| **Date of birth** | |  | |  | | |
| **Contact telephone number** | |  | | | | |
| **Health Assessment Type** | | Please indicate which health assessment you would like to take advantage of by ticking one of the below boxes.  **Please note the Advanced Plus is only available to those aged 18-69. This assessment includes an exercise ECG and due to the associated risk, Circle Health do not offer it to those over the age of 69.**  Advanced Plus (ages 18 to 69)  Advanced (ages 18 and over) | | | | |  |
| **3. Privacy** | | | | | | |
| The Baily Thomas Provident Fund is committed to protecting your privacy. We will use the information you have supplied in this form to process your application and to update our records. Full details of how we process your personal data can be found in our [**Privacy Policy**](https://www.bailythomasprovidentfund.org.uk/about-us/website-and-privacy-policy). | | | | | | |
| **4. Communication preferences** | | | | | | |
| To provide better, more regular communication to beneficiaries, and to reduce our environmental impact, email will be our preferred method of communication going forwards.  If you would still like to receive hard copy communication via the post, please tick this box: | | | | | | |
| **5. Declaration** | | | | | | |
| * I declare the information I have provided in this form is, to the best of my knowledge, accurate and true and I will update the Baily Thomas Provident Fund if my information changes. * I understand that the information I have provided will be used to process this application and to update beneficiary records. * I understand that my personal data will be shared with Circle Health for the purpose of accessing the health assessment. * Where data has been provided on behalf of a spouse/partner, I declare that they are aware of this and understand their data will be processed by the Baily Thomas Provident Fund and Circle Health * I understand that to comply with the legal reporting obligations for Trustees, basic personal information will be disclosed to HMRC for inclusion on the Trust Register. * I understand that the information I have provided will be processed in accordance with the Baily Thomas Provident Fund [Privacy Policy](https://www.bailythomasprovidentfund.org.uk/about-us/website-and-privacy-policy) | | | | | | |
| **Your Signature** *(Applicant)* | |  | | | | |
| **Date** | |  | | | | |
| **Your completed form should be returned to:**  **Baily Thomas Provident Fund**  **Mansfield Business Centre**  **Ashfield Avenue**  **Mansfield**  **NG18 2AE**  **Email: enquiries@bailythomasprovidentfund.org.uk**  **If you need help completing this form, please contact us on: 01623 473290**  **www.bailythomasprovidentfund.org.uk** | | | | | | |