

References

Please give details of any friends or relatives who are or have been employed or sub-contracted by ATH Resources plc. If none, please give names of two referees

1. <hr/> <hr/>	2. <hr/> <hr/>
Have you ever been employed by ATH Resources before? (circle) Yes / No	

Health

Please complete the following medical questions as fully and accurately as possible to allow ATH Resources plc to:

- Identify the work related health risks of the proposed employment;
- Advise on the requirement for health surveillance in relation to the particular job role;
- Advise, where necessary, on any reasonable adjustments to the work content or environment that may be required in the light of a medical condition or disability as defined under the Disability Discrimination Act 1995?

Disclosure of any pre-existing medical condition may not necessarily prevent you gaining employment with ATH Resources plc.

1. How many periods of absence have you had as a result of illness in the past 2 years?	
2. Have you ever been absent through illness for more than 2 consecutive weeks during the past 2 years? <i>(if yes please give details)</i>	Yes / No
3. Are you aware of any medical condition which could affect your performance in the post applied for? <i>(if yes please give details)</i>	Yes / No
4. Do you have any long term illness or allergy eg diabetes, asthma, stress, heart problems or epilepsy, or are you taking any prescription medication? <i>(if yes please give details)</i>	Yes / No
5. Have you ever suffered from your fingers going white, tingling or going numb on exposure to cold or during work activities? <i>(if yes please give details)</i>	Yes / No
6. Have you ever suffered from any muscular-skeletal problems such as joint or back pain or injury, or stiffness and/or swelling? <i>(if yes please give details)</i>	Yes / No
7. Have you ever had any serious illness, operation or accident, or are you taking any drugs or medication? If so please give details, if none, please state none.	
8. Do you have now, or have you had within the last 5 years, a dependence on alcohol, illegal drugs, medication or any other substance? If so please give details, if none, please state none.	
9. Do you have a health problem or disability which you consider has a substantial or long-term adverse affect on your ability to carry out normal day to day activities? <i>(if yes please provide details)</i>	Yes / No

I confirm that the information I have given on this form is, to the best of my knowledge, true and complete and in the event of gaining employment with ATH Resources plc any false statement may be sufficient cause for disciplinary action and/or dismissal.

Signature: _____	Date: _____
------------------	-------------