

**Medical Verification Form   
*(Electrical Installation ONLY)***

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| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Date of Birth:** |  |

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| --- | --- |
| **Address:** |  |

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| --- | --- | --- | --- | --- |
|  |  |  | **Postcode:** |  |

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| --- | --- |
| **Preferred Campus:** | Ballymena or Newtownabbey *(please select)* |

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| --- | --- | --- | --- | --- |
| **Health** | | | | |
| **Note to Applicant –** Please ask your Doctor to complete this form to verify that you are medically fit to undertake an Electrical Apprenticeship.  **Note to Doctor** – Please complete this short questionnaire to determine the medical suitability of this applicant, to undertake a four year Electrical Apprenticeship programme to NVQ Level 3 in the construction industry. | | | | |
|  |  | | **YES** | **NO** |
| **1.** | Is the applicant presently in a satisfactory state of health to undertake an Electrical Apprenticeship course?  **Comment:** | |  |  |
| **2.** | Has the applicant had any illness or condition that is likely to affect his/her ability to undertake a career in the construction industry? | |  |  |
| **3.** | Has the applicant any history or difficulty with claustrophobia? | |  |  |
| **4.** | Has the applicant any difficulty working at heights? | |  |  |
| **5.** | Has the applicant any hearing difficulties? | |  |  |
| **6.** | Has the applicant any mental health difficulties? | |  |  |
| **7.** | Has the applicant any other medical conditions e.g. diabetes, epilepsy, asthma, etc. that may require special consideration or support?  **Comment:** | |  |  |
| **8.** | Has the applicant any learning and / or disability that may require special consideration or support?  **Comment:** | |  |  |
| **Doctor’s Signature & Date** | | **Surgery Stamp** | | |