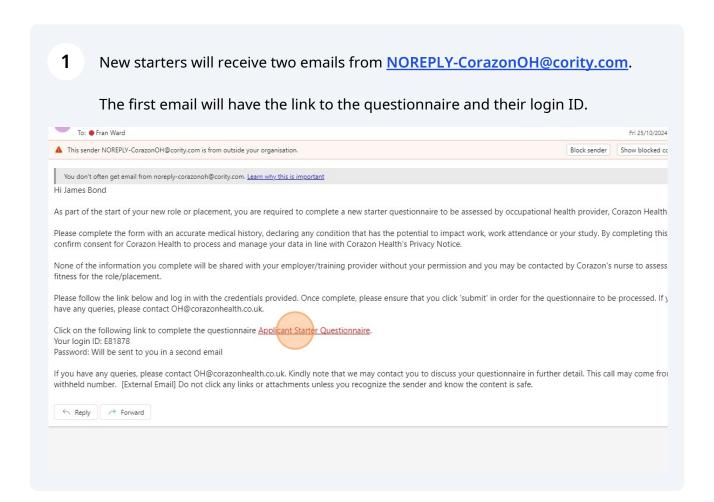
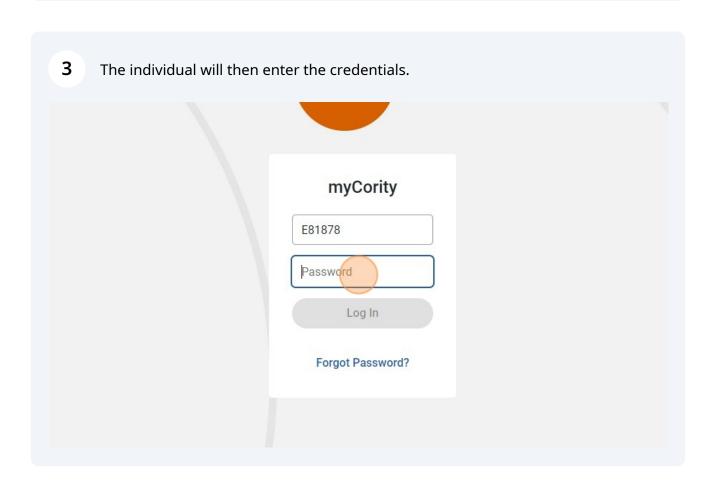
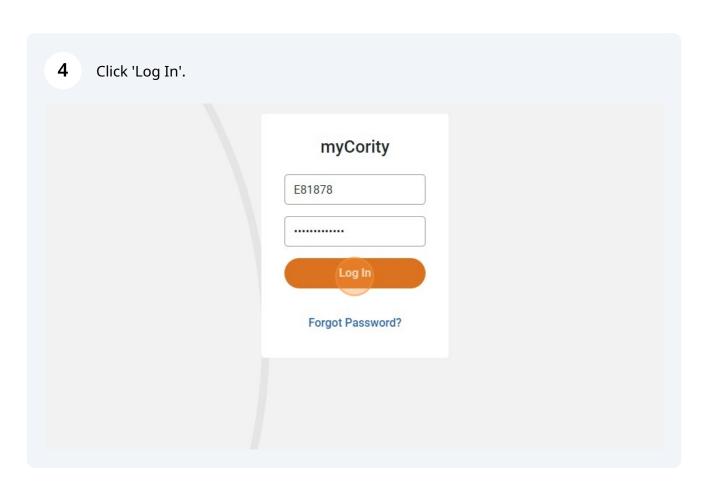


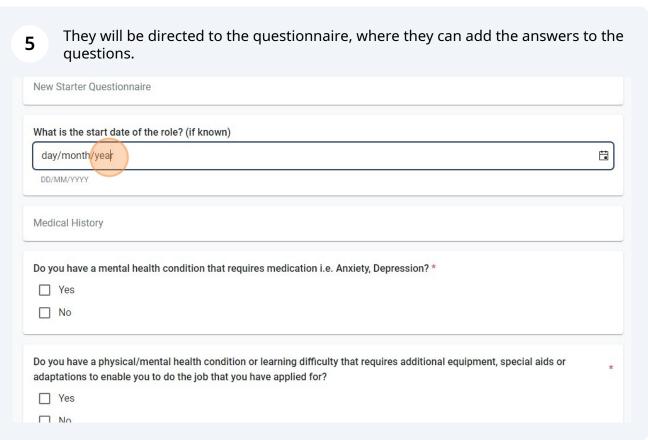
How employees/applicants access a New Starter Questionnaire V2

Completing a new starter questionnaire

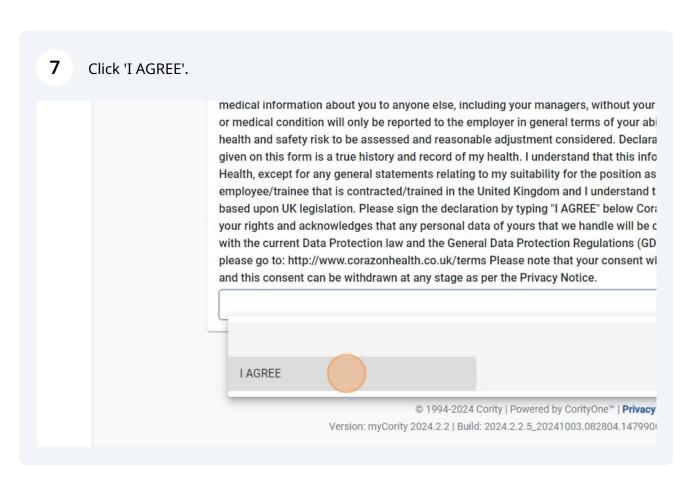








DD/MM/YYYY
Medical History
Do you have a mental health condition that requires medication Yes
Please provide further details:
Trease provide faration details:
Please provide further details:



		Canc	el Delete	Save	Submit
ker or internal cardiac d	enormator?				
fect your ability to do y	our role? *				
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