



CONFIDENTIAL
Medieval Mayhem
Toledo Works
Neepsend Lane
Sheffield S3 8AW
Tel: (0114) 2669 669
e-mail: info@medievalmayhem.co.uk

Medieval Mayhem Application Form

Job Title

Part-time / Full-Time / Hours Available

A

Surname.....

Forename (s).....

Address.....

.....

National Insurance Num..... Postcode.....

Tel No.....

Date of Birth.....

B EDUCATION AND TRAINING

(i) SCHOOLS

Qualifications

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.....

(ii) COLLEGES/UNIVERSITIES

Qualifications

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B EDUCATION AND TRAINING cont'd

(iii) OTHER TRAINING RELEVANT TO WORKING WITH CHILDREN/CUSTOMERS

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C EMPLOYMENT HISTORY

Please start with the most Recent Employer, please also include any community help that you may have achieved, clubs or groups that you help support and

Dates From - To	Name & Address of Employer	Job Title	Wages/Salary	Reason for Leaving

Current Notice Required

D REFERENCES

Please list names and addresses of two persons from whom we may obtain references. One of these must be from your latest/current employer. We reserve the right to contact past employers. Current employers will not be approached until you give us your permission to do so.

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E HEALTH DETAILS

Do you have a mental or physical disability: YES NO

If YES ... please give details

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What adjustments (if any) need to be made to the working environment to accommodate your Disability?

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Please give details of all absences from work in the last 12 months.

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Please also complete the enclosed Health Check form.

F LEISURE - Please note any sports, hobbies, pastimes etc:

G REHABILITATION OF OFFENDERS ACT, 1974

Through the 1975 exemptions Order of the Rehabilitation of Offenders Act, 1974, and by virtue of the nature of the post for which you are applying, we are obliged, as your prospective employers, to ask the following question. Any information supplied by yourself will remain confidential and considered only in relation to the Job Application:

With the exception of minor motoring offences, have you ever been convicted of any criminal offence by a Court of Law? Yes [] No []

If "YES" please provide brief details of the offence(s) and relevant dates:

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I GENERAL COMMENTS

Please tell us the main reason that you wish to work for us, work with children and tell us why you would make a great team member at Medieval Mayhem:

:

J DECLARATION (Please read this carefully before signing this application)

I confirm that the above information is correct and that any false or misleading information will give my employer the right to terminate any employment contract offered.

Signed **Date**

EQUAL OPPORTUNITIES – VOLUNTARY INFORMATION

We strive to be an equal opportunity employer, and our policy on this important subject is contained within our Employee Handbook. Our policy is so designed to ensure that none of our employees or prospective employees receives less favourable treatment as a result of sex, disability, marital status, colour, race, creed or ethnic origin. Equally we aim to ensure that no such employee is disadvantaged by terms and conditions of employment which cannot be justified.

In order that we can monitor the effectiveness of our policy and subsequent actions we need to monitor the sex and ethnic origins of our employees, and to this end we ask for your co-operation in providing the following information: (Please tick the appropriate box). If you do not wish to complete this form you are not obliged to do so.

SEX:	MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>
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WHITE	<input type="checkbox"/>	BLACK-CARIBBEAN	<input type="checkbox"/>	BLACK-AFRICAN	<input type="checkbox"/>
BLACK OTHER	<input type="checkbox"/>	(please specify			
INDIAN	<input type="checkbox"/>	PAKISTANI	<input type="checkbox"/>	BANGLADESHI	<input type="checkbox"/>
CHINESE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	(please specify.....)	

NATIONALITY:

POSITION APPLIED FOR

SIGNED

PRINT NAME

DATE

Medieval Mayhem Health Check Form

Name

Confidential

Have you ever suffered from any of the following ?

Yes No

When ?

- Tuberculosis, Asthma, Bronchitis
- German measles (Rubella)
- Varicella (Chickenpox)
- Chest pain, heart condition
- High blood pressure, low blood pressure
- Epilepsy, blackouts, fainting
- Mental health problems
- Diabetes, thyroid problems
- Dermatitis, psoriasis, allergies
- Back pain, neck pain
- Gastric problems, I.B.S.
- Frequent headaches, migraine

Your actual state of health

Yes / No

Date

- Have you any reason to believe you have an infectious disease ?
- Do you actually have a medical condition which could interfere with your work ?
- Are you actually taking medication ?
- Have you had any recent operations which could affect your work ?
- Are you waiting to have an operation ?

Yes No

- Do you have a physical disability ?
- Have you ever been tested for M.R.S.A. ?

Have you had a test / examination for any of the following :

Please say when and the result

- Tetanus
- Diphtheria (Schick test)
- Rubella (German measles)
- Poliomyelitis
- Hepatitis B
- Tuberculosis BCG
- Varicella (Chicken pox)
- Chest X-ray

Do you agree, if required, that we request a Certificate of Fitness to Work from your G.P. ? This is not access to medical information, just a question whether you are physically fit to work.

Agree

Yes	No
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G.P. name

Address

Date

Signed

