**Information:**

This form will be kept in your confidential staff file.

The information below will be collected on your first day of employment at Monkey Puzzle LOCATION.

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| **Full name**:**Date of birth:** |
| **Do you have any disabilities?****If you have had a statement in educational settings, have learning difficulties or support from other agencies, please give details below:** |
| **Are you at present attending a doctor or hospital for any reason?****Yes / No****Please give details below:** |
| **Are you currently taking any medication or having treatment from a doctor, hospital or other medical practitioner? Yes / No****Please give details below:** |
| **Do you suffer from any medical condition which significantly affects/reduces your**:(If you answer yes to any of the questions please provide accurate details) |
| **Ability to lift**  | Yes  | No  |  |
| **Sight**  | Yes  | No  |  |
| **Hearing**  | Yes  | No  |  |
| **Ability to walk** | Yes | No  |  |
| **Ability to bend**  | Yes  | No |  |
| **Ability to climb stairs**  | Yes  | No |  |
| **Ability to write**  | Yes | No |  |
| **Ability to type**  | Yes  | No |  |
| **Please detail any previous medical history** |
| **Have you had any of the following medical problems or conditions?****Yes/No****Please give details or fill in boxes below:** |
| **Depression – date and details**: |
| **Heart problems – date and details:** |
| **Epilepsy or fainting fits - date and details :** |
| **Asthma - date and details:** |
| **Diabetes – date and details:** |
| **Have you been admitted to hospital in the last two years or suffered any serious illness in the last five years? Yes / No** (If you have answered yes please provide dates and details) |
| **Have you ever been in contact with a significant disease, such as TB or Hepatitis?** **Yes / No**(If you have answered yes please provide dates and details) |
| **Have you had the following immunisations?** (If you answer yes please provide the date below) |
| **MMR (2 doses)** | Yes  | No  | Dates  |
| **Polio**  | Yes  | No  | Dates  |
| **Tetanus**  | Yes  | No  | Dates  |
| **Hepatitis**  | Yes  | No  | Dates  |

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| **Do you smoke?** Yes /No – if yes how many cigarettes do you smoke per day? |
| Fewer than 10: Between 10 – 20: More than 20 |
| **What is your alcohol intake a week in units?**  ……………………..units.(1 unit = 1 small glass of wine or ½ pint of beer) |
| **In the last year of your previous employment how many sick days did you take?** …………………………………… sick days. |
| **Declaration:** I declare that the information I have provided is to the best of my knowledge accurate and complete. I agree that I will update the nursery manager/franchisee of any updated information which may affect my ability to look after children.I understand that any inaccurate information I have provided, including any information that I have withheld could result in disciplinary action, withdrawal of offer of employment or dismissal.I understand that Monkey Puzzle LOCATION may process any of the information I have provided for the purposes of employment.Signed ………………………………………………………………………….Print full name …………………………………………………………………Date …………………………………………………………………………….Witnessed by (manager/director) …………………………………………………………………..Date …………………………………………………………………………… |