**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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |

|  |
| --- |
| **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 …………………………………………………………………………… |