



# CONFIDENTIAL

## Staff Registration Form

Play Service

<b>Name:</b>	<b>D.O.B:</b>	<b>Address:</b>
<b>Home Contact:</b>		<b>Mobile Contact:</b>

<b>In the event of an emergency please complete contact details</b>	
<b>Name:</b>	<b>Relationship:</b>
<b>Work address:</b>	<b>Contact details:</b>
<b>Do you have any allergies?</b>	<b>Do you require any medication?</b>

<b>Qualifications:</b>	
<b>Original certificates seen and copied</b>	<b>Reference checks</b>
Date Seen.....	Reference check 1 <input type="checkbox"/>
Signed.....	Reference check 2 <input type="checkbox"/>
<b>CRB</b>	<b>Original Disclosure form seen and copied</b>
Date CRB was completed _____	Date.....
Expiry Date of CRB _____	Signed.....
Level of Check _____	
<b>Are you first aid trained? <i>If yes when does your certificate expiry?</i></b>	
<b>Experience</b>	

I give my permission for the above details to be stored on the premises at all times and I understand that the information is confidential and will only be available for emergency use or when requested by an Ofsted inspector.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Whilst every effort has been made to ensure the accuracy of the information provided, The Out of School Development Team cannot accept responsibility or liability for any errors which may have occurred. This form has been created as an **example only**.

Reviewed: 05.05.09