Staff and Volunteer Details

Kidspace

Kidspace
13 River Dale
Foxholes
Anytown
Northumberland
AA1 9ZZ
Tel: 01234 567890

OFSTED: EYC 98765

Dear Staff Member or Volunteer,

We need to keep some essential information about you while you are working as a staff member or vounteer at Kidspace.

Please complete the form below then sign it and return it to us as soon as possible. This information will be held on a computer and used in accordance with the Data Protection Act.

Signed: _____   **Date:** _____

1.   Your Contact Details

Title: _____

First Name: _____

Last Name: _____

Phone: Day: _____

          Night: _____

          Mobile: _____

e-mail: _____

Address: Line 1:   _____

          Line 2:   _____

          Town: _____

          County: _____

          Postcode: _____

First Name: _____

Last Name: _____

2. **Doctor:**   Name: _____

                 Tel: _____

       Tel (Out of Hours): _____

3. **Dentist:**   Name: _____

                 Tel: _____

       Tel (Out of Hours): _____

4. **Medical Conditions & Special Dietary Notes**

If we need to know about any medical conditions or dietary requirements please tell us here.

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5. **Date of Birth:**   _____

6. **Pay Information (Paid Staff Only):**

Tax Code (if known): _____

NI Number (if known): _____

7. **Enhanced CRB Check:**   Tick if held: ☐   Issue Date: _____

                                      CRB Number: _____

8. **Paediatric First Aid:**   Tick if held: ☐   Issue Date: _____

First Name: _____

Last Name: _____

9.   For Childcare Staff and Volunteers Only, please tick if applicable:

☐ Early Years Staff   ☐ Teaching Staff

☐ Qualified Playworker   ☐ Qualified Teacher

☐ Early Years Professional Status   ☐ Baby Experience

10.   All Staff and Volunteers, Qualifications and Courses attended:

Name	Date	Description

First Name: _____

Last Name: _____

10.   Emergency Contacts:

Please give us the details of one or more people who we can contact in the event of an emergency.

a.   Title: _____

First Name: _____

Last Name: _____

Relationship: _____

Phone: Day: _____

Night: _____

Mobile: _____

b.   Title: _____

First Name: _____

Last Name: _____

Relationship: _____

Phone: Day: _____

Night: _____

Mobile: _____

c.   Title: _____

First Name: _____

Last Name: _____

Relationship: _____

Phone: Day: _____

Night: _____

Mobile: _____

End