



FULHAM FOOTBALL CLUB

PERSONAL DETAILS FORM

Application for casual engagement
All information will be treated in the strictest confidence.

1. PERSONAL DETAILS

Surname (Mr/Mrs/Miss/Ms):

First Name(s):

Date of Birth: National Insurance Number:.....

Address:

.....

Postcode:..... Home Telephone Number:.....

Mobile:..... E-mail Address:.....

Emergency contact: Relationship To You:.....

Address:

.....

..... Postcode:

Telephone number (home): Work:

Mobile:..... E-mail Address:.....

Employment Status Unemployed/ Employed/ Self Employed/ Student

If employed how many hours a week do you work?.....

If non EU citizen please state how long you have lived in the UK?

Do you need a work permit? YES/NO Visa number:

If you are a non EU citizen and do not require a work permit please explain:.....

.....

.....

.....

2. PREVIOUS EMPLOYMENT

Beginning with the most recent please list employment held, providing details covering the last 5 years (continue on separate sheet if necessary)

Alternatively please attach C.V detailing this information.

Name of Company	FROM (month/year)	TO (month/year)	Position held/ Responsibilities	Reason for Leaving

3. REFERENCES

Please provide name and address of present/ previous employer.

If you have not yet been employed please provide name and address of someone who can provide a character reference (this can not be a family member)

Company Name:

Dates of employment from: to(month/year)

Address:

..... Postcode:

Contact name for reference:.....

Their position:.....

Telephone number:..... E-mail address:.....

Position held by you:

Reason for leaving:
(if applicable)

4. OTHER INFORMATION

Do you have a criminal record? **YES/NO**

If **YES**, please give details:
.....
.....

Are you a person who has been investigated by any Social Services department as being an actual or potential risk to children or young people? **YES / NO**

If **YES**, please give details:.....
.....
.....

5. DECLARATION

I confirm that the information provided in this application is correct to the best of my knowledge and belief.

Signed:Date:

Print:



FULHAM FOOTBALL CLUB

BANK DETAILS FORM

REQUEST AND AUTHORISATION FOR MONTHLY PAYMENT CHANGE OF BANK/BUILDING SOCIETY

I, of Fulham Football Club, hereby request
(name)

that I be paid monthly from
(start date)

Payment should be made by credit transfer to my bank as detailed below.

I understand that payment will be made on or around the 28th of each calendar month.

I agree that there will be no advance payment for holidays.

Pay Point	Employee Number										
Bank Name	130										
Bank Branch	131										
Bank Account Number											
Bank Sort Code	121										
Account Holder Name	140										
Building Society Ref. No.	129										
Pay Method Indicator	043	BACS									

NB. The above information can be found in your cheque book. Your bank account number will consist of 8 digits.

Please ensure that the details you provide are correct; failure to do so will cause delay to the payment of your salary.

Signed.....Date.....

Print Name.....



FULHAM FOOTBALL CLUB

HEALTH QUESTIONNAIRE

This health questionnaire is to be filled out prior to casual engagement

NAME:
DOCTOR'S (GP's) NAME: _____ TEL. NO. _____
ADDRESS: _____ _____

Please answer YES or NO to the following questions. If YES give detail and dates in the space provided.
PLEASE ANSWER ALL QUESTIONS. DO NOT LEAVE ANY ANSWERS BLANK

Have you suffered or are you suffering from:	YES/NO	DETAILS AND DATES
Typhoid or Paratyphoid?		
Recurrent infection of mouth, nose, ears or eyes?		
Back trouble?		
Heart disease?		
Epilepsy, fits, blackouts, diabetes, asthma?		
Skin conditions e.g. Dermatitis, Eczema/Psoriasis/Any other conditions?		
Any other serious illness?		
Do you have hay fever or allergic conditions? (including allergies to drugs)		
Are you attending hospital out patients and or GP surgery on a regular basis?		
Do you have any medical information which may prevent or inhibit you from fulfilling your duties on a match day?		

DECLARATION FOR ALL – Please read carefully and sign below.

I understand this consent form and have accurately answered all questions. I agree to report any change in my health which may be caused or made worse by my job e.g. backache, joint pains.

SIGNATURE

DATE