

Staff Registration Form



Name: _____

Date of Birth: _____

Address: _____

Postcode: _____

Phone Number:

Mobile

Number:

National Insurance Number:

DBS Number:

Issue Date:

Next of Kin (Name):

address: _____

Postcode: _____

Phone Number:

Mobile

Number:

Relationship:

DATE STARTED:

DATE

FINISHED:

JOB ROLE:

MEDICAL CONDITIONS:

FISH KIDS LIMITED

Apple Blossom House, Cheriton Fitzpaine, EX17 4JN

08445 618847 | 01363 866450 | info@fishkids.co.uk | www.fishkids.co.uk

Company number 10684209



SIGNED:

DATE:



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