



# EMPLOYMENT FORM

Please complete this employment form providing as much detail where required.  
If you have provided BlueSky with relevant qualification certificates or other appropriate documents,  
please indicate by ticking the appropriate Tick Box

Employee Name: \_\_\_\_\_

Employee Trading Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you Self Employed  Self Employed Tax Reference Number

Have you provided BlueSky with an Up to Date CV:

Have you a Clean and Full Driving Licence:

Current Employment :

Employment within Adventure Activities:

Work Experiences With Under 18 year olds:

Do you have a Criminal Record:  Detail Record:

Date of Offence:

Have you Any Medical Condition:  Detail Condition:

Is Condition Controlled:  Detail Means of Control



# EMPLOYMENT FORM

## First Aid Qualification

Qualification Title	YES / No	Date of Qualification	Expiry Date	Have you Provided BS with Copy of Certificate
HSE 4 Day First Aid				
Please list any other below:				

## Mountaineering, Rock Climbing, Hill Walking Qualification

Qualification Title	YES / No	Date of Qualification	Expiry or Revalidation Date (if required)	Have you Provided BS with Copy of Certificate
MIC				
MIA				
SPA				
SML				
SML				
WML				
Others:				

## Off Road Driving & Quad Bike & Archery Instructors Qualification

Qualification Title	YES / No	Date of Qualification	Expiry or Revalidation Date (if required)	Have you Provided BS with Copy of Certificate
LANTRA Quad Bike				
BORDA OFF Road				
Archery Certification				

## Other Training and Relevant Qualifications

Qualification Title	YES / No	Date of Qualification	Expiry or Revalidation Date (if required)	Have you Provided BS with Copy of Certificate



# EMPLOYMENT FORM

**IN HOUSE- SITE SPECIFIC TRAINING**

Qualification Title	YES / No	Date of Qualification	BlueSky Instructor	Expiry or Revalidation Date (if required)	Have you Provided BS with Copy of Certificate
The Ultimate Adventure Zone					
The Ultimate Puzzle Zone					
The Ultimate Learning Zone					
The Ultimate Treasure Hunt					
Building Bridges					
Investment Challenge					
Teamopoly					

SIGN NAME:

DATE:

**FOR OFFICIAL USE**

Are All Copies Of Qualification Certificates on File  IF NO State Action

Date Action Complete  SIGN

Are All Certificates in DATE and Correct  IF NO State Action

Date Action Complete  SIGN

Have all above details been entered on Bluesky Experiences DATAPULSE DATABASE  Date of Entry