



APPLICATION FORM

(Please complete this form in BLOCK CAPITALS)

1. PERSONAL DETAILS

TITLE Mr Mrs Miss Ms Other (Please Specify) _____

FIRST NAME _____ **SURNAME** _____

PREVIOUS SURNAME (if applicable) and date of change _____

DATE OF BIRTH (DD/MM/YYYY) _____

NATIONALITY _____ **PASSPORT NUMBER** _____

DRIVING LICENCE No _____

VISA/WORK PERMIT No _____ **NI NUMBER** _____

2. CONTACT DETAILS

HOME TELEPHONE _____

MOBILE TELEPHONE _____

*Please
note you
will be
regularly
contacted

Please indicate
the number you
would prefer to
be contacted
on.

PERSONAL E-MAIL ADDRESS* _____

3. ADDRESS DETAILS

CURRENT ADDRESS _____

LINE 2 _____

LINE 3 _____

POSTCODE _____

The company may use this address to correspond with you; if you wish to use a different Mailing address, please tick here and inform us of a different address.

ARE YOU The Owner A Tenant Living with Parents Other _____

4. EMPLOYMENT HISTORY

Please provide details of your previous employment history covering the last 2 years, giving the current or most recent first. NB. Provide the exact dates wherever possible. If your employment was arranged via an agency please provide details of the agency only.

4.1 - CURRENT/MOST RECENT EMPLOYMENT DETAILS

EMPLOYER NAME _____

EMPLOYER'S ADDRESS _____

LINE 2 _____

LINE 3 _____

POSTCODE _____

NATURE OF BUSINESS _____

EMPLOYMENT DATES FROM (MM/YY) _____ TO (MM/YY) _____

POSITION HELD _____

DUTIES

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CONTACT NAME _____ CONTACT NUMBER _____

4.1 - CURRENT/MOST RECENT EMPLOYMENT DETAILS

EMPLOYER NAME _____

EMPLOYER'S ADDRESS _____

LINE 2 _____

LINE 3 _____

POSTCODE _____

NATURE OF BUSINESS _____

EMPLOYMENT DATES FROM (MM/YY) _____ TO (MM/YY) _____

POSITION HELD _____

DUTIES

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CONTACT NAME _____ **CONTACT NUMBER** _____

EDUCATION DETAILS

5.1 SECONDARY EDUCATION

School/College/University Name and address	Dates From	Dates To	Examinations Subject	Grade	Date

5.2 PROFESSIONAL QUALIFICATIONS

Name of Professional Body/Organisation	Qualification	Dated	Membership Number

RIGHT TO WORK

As part of our referencing procedures you will be required to prove that you have the current right to work in the UK of role.

Are you able to prove you have the current right to work in the UK/ location role? YES NO
If NO we are unable to process your application.

DISABILITY DISCRIMINATION ACT

Fusion Event Consultancy Ltd. welcomes applications from people with a disability. The purpose of the following question is to enable us to consider any steps we need to take to accommodate the needs of people with a disability. If you are a person with a disability, and you meet the minimum criteria for the role, you will be automatically be offered an interview for the role which you have applied for.

Do you consider yourself to have a disability that requires an accommodation to help facilitate the interview process? If yes please provide further details below. YES NO

DECLARATION AND SIGNATURE

I hereby give my permission for Fusion Event Consultancy Ltd. to carry out searches as may be necessary, including searches of credit reference agencies, fraud prevention agencies in order to verify the information presented in this form.

I hereby give Fusion Event Consultancy Ltd. to apply for any reference relating to any previous employer or employment as detailed in this form.

I hereby give permission for Fusion Event Consultancy Ltd. to perform a criminal record check.

I understand that the provision of such a reference is not a guarantee that a role will be offered.

DECLARATION

I confirm that the information I have given is correct and to the best of my knowledge, I understand that the subsequent discovery of any false or misleading information may lead to the withdrawal to any role offered. I note that to attempt to gain employment by deception is a criminal offence.

SIGNATURE _____

NAME _____

DATE _____



Food Handlers Declaration

A food handler is a person whose work at any time involves him or her in the handling and/or service of food and drink and the use of equipment and utensils connected with the service and preparation of food and drink.

I agree to report to Fusion Event Consultancy Ltd on the following occasions.

1. If I develop an illness involving
 - Vomiting
 - Diarrhoea
 - Skin rash
 - Septic Skin Lesion however small
 - Discharge from the ear, eye, nose or any site
2. Before commencing work following an illness involving any of the above conditions, I must complete a health questionnaire. I understand I may also be required to obtain a doctors certificate or submit samples for analysis.
3. On return from a trip abroad, during which an attack of vomiting and/or diarrhoea lasted more than two days.
4. If another member of my household is suffering from diarrhoea or vomiting.

Have you ever had typhoid, paratyphoid or enteric fever? YES NO

In the last 21 days have you been in contact with anyone, at home or abroad who may have been suffering from typhoid or paratyphoid? YES NO

I have read and understood the above rules on personal hygiene and have received a copy of this statement.

SIGNED _____ **PRINT** _____

DATE _____



Liquor Licensing Form

1. Permitted Hours

I have been informed of the Permitted Hours for sale and consumption of excisable liquor. I agree that at all times I must conform to the requirements of the Licensing Act, in that I shall not supply any member of the public any excisable liquor outside the Permitted Hours

2. Under Age

I have also been informed that it is a serious licensing offence to supply excisable liquor directly or indirectly to person who have not attained the age of 18 years. I agree also that if I should be in any doubt about this matter, I should refuse to supply such persons or refer the matter to Fusion Event Consultancy.

3. Trade Descriptions Act

I understand that any commodity sold by me must conform to the description on the label, and also to the specific request of the customer. In cases where an alternative is to be offered, the customer must be made aware of this fact.

4. Weights & Measures Act

I understand that under the Weights & Measures Act, it is essential that a customer should be supplied with the full measure, and that the amount of this measure usually offered is described in a notice appearing in these premises. Fusion Event Consultancy has advised me about this.

5. Pricing

I am aware that the current prices must be displayed at any bar area in which I am working and I have also been advised by Fusion Event Consultancy to ensure that the prices charged is the price laid down, and that no overcharge will take place in any order executed by me.

6. Adulteration of Spirits

It has also been explained to me that on no account must spirits be adulterated before they are supplied to customers.

I understand that if I disobey any of the above instructions, I am breaking rules which are defined by Fusion Event Consultancy Ltd which is seen as an act of serious misconduct. In addition, I may be committing an offence for which I may be brought before a court and convicted.

I understand that any contravention of the above carries serious fines and, under circumstances, imprisonment.

SIGNED _____ DATE _____



Personal Health & Safety Declaration

Full Name and Address: _____

D.O.B _____ **Registered Disabled** _____ **YES** **NO**

Do you have, or have ever suffered from, any of the following:

Fainting attacks		Varicose vein trouble	
Fits or blackouts		Skin Trouble	
Giddiness		Diabetes	
Mental Illness		Recurring stomach trouble	
Recurring Headaches		Recurring bowel trouble	
Ear Trouble or defective Vision			
Recurring chest disease			
Asthma			
Hay Fever			
Heart Trouble			
High Blood Pressure			
Back Trouble other muscle Or joint trouble			

Do you smoke? If so, how many cigarettes (or cigars)? _____ Per Day

How much alcohol do you drink? _____ Per Week

How often do you attend the dentist?

Have you had a chest x-ray recently? _____ Date _____ Place _____

Have you lived abroad in the last 6 months? _____ Where _____

I declare that the above statements are true to the best of my knowledge

I agree to inform Fusion Event Consultancy and nursing staff if any of the above occur in the future

SIGNED _____ **DATE** _____



PERSONAL HEALTH DECLARATION

I declare that all the foregoing statements are true and complete to the best of my knowledge. I know of no medical reason why I should not work in a food environment. Should the situation change whilst either

- I am engaged in a temporary assignment by Fusion Event Consultancy Ltd
- In between assignments for Fusion Event Consultancy Ltd of other employment

I will immediately notify the relevant Fusion Event Consultancy Ltd personnel where I am working.

SIGNED _____ DATE _____

HEALTH & SAFETY DECLARATION

I _____ whilst working on behalf of Fusion Event Consultancy Ltd will

- Not use machinery unless experienced and trained to
- Not work dangerous machines e.g Meat Slicers
- I will ensure that at all times I will take precautions to avoid injury to myself or others and to prevent damage to any equipment/machinery.

SIGNED _____ DATE _____



Weights & Measures Act 1985

Unless supplied pre-packed

GIN, RUM, VODKA & WHISKY are offered for sale or served within most premises in quantities of 25ml or 35ml measures or multiples thereof.

Consumption by person under 18

Under the provisions of The Licensing Act 1964 amended by The Licensing Act 1988 it is an offence for any person under 18 to buy, attempt to buy or consume alcoholic liquor in any bar. It is also an offence for anyone to buy, or attempt to buy, alcoholic liquor for consumption by a person under 18 years of age.

Penalty £1000

Drinking-up Time

Under the provisions of The Licensing Act 1964 amended by The Licensing Act 1988 a period of 20 minutes is allowed at the end of the morning and evening periods of permitted hours, for the consumption of alcoholic liquors purchased during such hours. It is an offence for customers to consume alcoholic liquor after this 20 minute period.

Penalty £1000

Weights & Measures Act 1985 Display

Display of both the Weights & Measures Act 1985 and a current Bar price list is a legal requirement for all liquor dispense points.

Failure to display these documents will result in suspension of the units license, a minimum fine of £1000 to the licensee and a prison sentence.



BACS Transfer Forms

NAME -

SORT CODE –

A/C NUMBER –

NAME OF ACCOUNT HOLDER –

NAME & ADDRESS OF BANK -

N.I – NUMBER –

CURRENT ADDRESS –

I authorize Fusion Event Consultancy Ltd to pay me directly into my Bank Account via BACS Transfer on the above Account Details. Please contact us immediately if any information changes.

Signed:

Date: