



FILM, TV & EVENT MEDICAL SUPPORT SPECIALISTS

Occasional Staff Information Sheet

Please Complete & return to:

**Location Medical Services
Shepperton Studios
Studios Road, Shepperton
Middlesex, TW17 0QD**

Please Attach Photograph
(For file identification)

AREA

NAME

RGN		Paramedic
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MD		EMT	
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Full Name	
Address	
	Post Code
Telephone Numbers (Include any mobile or pager numbers)	Main
Other 1	Other2
Date of Birth	E-Mail Address:
Uniform Size (T-or Sweat Shirt sizes) (S,M,L,XL etc)	Nationality

Professional Qualifications (Give award **and expiry dates**)

cont/..

Name two referees. These should be previous employers or senior medical staff that have worked with you recently. In each case state their (professional) relationship with you (ie ward sister) and indicate whether we may write to or call these people without previously notifying you in each case.

Professional Relationship	Prof. Rel					
Telephone	Telephone					
Permission to contact direct	<table border="1"> <tr> <td>Y</td> <td>N</td> <td>Y</td> <td>N</td> <td></td> </tr> </table>	Y	N	Y	N	
Y	N	Y	N			

Other Information: Use this space to supply any other information in support of your application or information that may assist us to contact you or to 'sell' you to our clients!
This space should also be used as a continuation space for the other sections.

NOTES

Please supply with this application copies of your professional qualifications. If, for any reason, this is not possible please explain why (use space above)
Photographs are requested to allow us to easily identify and recall individuals who we may have only occasional contact with - so please supply one if possible (any size).
Applications & information held will be treated as confidential.
Please contact us with any queries on 0870 7509898

I certify that all the information given above is correct and accurate

Signed	Date:
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