



### Driving Licence Details

Do you hold a full driving licence?	Yes	No
Type of Full driving licence held	Car	M/Bike
	HGV	Other
Do you own a vehicle?	Yes	No
If you have any previous or current driving licence endorsements, or have been disqualified from driving please provide us with full details.		

### Your Availability

Are you available at weekends?	Yes	No
Are you available on Weekdays?	Yes	No
Would your employer allow you to attend callouts if required to?	Yes	No
Please provide further details on your availability?		

### Next of Kin/Family Contact details

Contact Name	
Address	
Telephone Number	
Relationship to you	

### Character References

Please provide details of two people who can provide accurate references and have known you for at least two years

Name		Name	
Address		Address	
Telephone Number		Telephone Number	
Relationship to you		Relationship to you	

By signing below I agree to the following conditions. I confirm that to the best of my knowledge the details provided on this form and the accompanying medical declaration are accurate. I understand that this information will be treated in the strictest of confidence by the Management committee of Ryde Inshore Rescue and will not be divulged to any external organisations. I give authority for Ryde Inshore Rescue to approach the referees indicated above, should it be deemed necessary. I understand that this application will be subject to consideration and does not guarantee automatic acceptance as a member. I accept that, should my application be successful my membership will be reviewed after a three month assessment period. I also accept that Ryde Inshore Rescue reserves the right to terminate my membership, should this be justifiable. Full membership will not be granted until a CRB check has been carried out on the applicant.

Signed		Date	
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# RYDE INSHORE RESCUE MEDICAL DECLARATION

Thank you for applying to join the team at Ryde Inshore Rescue. Due to the physical nature of some of the work we carry out as part of our duties it is important that applicants that suitably fit and in generally good health. To ensure that no successful applicant is placed in a situation, to which they are not physically suited we require that they advise us of any relevant medical conditions, and provide us with the essential information about their medical background.

Therefore, to enable us to process your application please complete the questionnaire below in full. We acknowledge that the required details are of a personal nature; however it is essential that we obtain this information at this stage of your application. As with any details your provide us our policy of total confidentiality will apply. Thank you for your co-operation.

Please give date of your last Tetanus injection (if applicable)	
Have you received a vaccination for:	Hepatitis B? If yes, give date.....  Hepatitis C? If yes, give date.....
Have you ever suffered from the illnesses in the above questions, if yes please give details.	
Have you ever suffered from a slipped disc?	
Have you ever suffered any form of back injury or complaint? If yes please give details	
Do you suffer from Rheumatism? If yes please give details	
Do you suffer from any other medical conditions that we should be aware of, i.e Epilepsy, Asthma, Diabetes etc? If yes please give details including medication taken	
Do you wear glasses or contact lenses? If yes please state type?	

Signed		Date	
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