

# 2017 Staff Registration



Date Completed : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Postcode : \_\_\_\_\_

Tel Nos : Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

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

NI Number \_\_\_\_\_

What do you do for a living (trade) : \_\_\_\_\_

Emergency Contacts : Name \_\_\_\_\_

Tel Nos : \_\_\_\_\_

Relationship : \_\_\_\_\_

## Medical Questions :

I hereby warrant the following answers are true and each warranty is repeated and continues to be true throughout the term of my employment in respect of my medical condition.

- |     |   |     |  |    |  |
|-----|---|-----|--|----|--|
| (a) | Do you suffer from Epilepsy or sudden attacks of disabling giddiness?   | YES |  | NO |  |
| (b) | Are you suffering from any defect in movement or muscular power?  | YES |  | NO |  |
| (c) | Are you suffering from any disease, medical condition mental or physical, or disability which may cause the driving by you in a competition to be a source of danger to yourself and to others? | YES |  | NO |  |
| (d) | Do you suffer from any back problems, which have caused, you to visit a Doctor within the last 12 months?   | YES |  | NO |  |

If the answer is yes to any of the above medical questions A DOCTORS LETTER MAY BE REQUIRED, prior to a your attendance in a working capacity at any race meeting.

(e) When did you last have an eye test? \_\_\_\_\_

(f) Do you wear glasses 

YES		NO	
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 Are you short or long sighted \_\_\_\_\_

**YOU MUST ADVISE SPEDEWORTH/INCARACE IF YOUR MEDICAL CONDITION CHANGES IN A WAY WHICH COULD AFFECT YOUR WORK WITH SPEDEWORTH/ INCARACE MOTORSPORTS**

# Employment with Spedeworth/Incarace Motorsports

All meeting staff are classed as voluntary employees. You are covered by the Spedeworth/Incarace Motorsports employee insurance, whilst you are carrying out duties with regard to race meetings on behalf of Spedeworth & Incarace. All approved meeting staff will be paid a meeting fee, at a rate agreed with the management.

All staff must sign on when they arrive to help at a meeting. All approved Race Officials will be issued with an ORCi Officials log book. Your log book should be logged with Admin when signing-on ready for signing by a senior official at the end of an event. This log book is to be used for keeping a record of your attendance and receipt of any documents/forms and as a record of any reports made by you to the Steward or Clerk of the Course..

**All Safety equipment supplied by the Promotion must be worn at all times.**

**Working details :**

Your job Description at Spedeworth/Incarace or which job would you like to perform (new staff)

\_\_\_\_\_

Which tracks do you or can you work at : (Please Circle)

ALDERSHOT / BIRMINGHAM / EASTBOURNE / GT YARMOUTH / HEDNESFORD /  
IPSWICH / MILDENHALL / NORTHAMPTON / WIMBLEDON

What relevant training have you received ?

1. **First Aid :** Date of last course taken \_\_\_/\_\_\_/\_\_\_ Location \_\_\_\_\_  
Details/Type of course \_\_\_\_\_
2. **Fire Training :** Date of last course taken \_\_\_/\_\_\_/\_\_\_ Location \_\_\_\_\_  
Details/Type of course \_\_\_\_\_
3. **Motorsports Marshalling :** Date of last course taken \_\_\_/\_\_\_/\_\_\_  
Location \_\_\_\_\_  
Details/Type of course \_\_\_\_\_
4. **Give details of any other training you have received which you believe is relevant to your job at Spedeworth/Incarace;**  
\_\_\_\_\_  
\_\_\_\_\_
5. **Please give details of any training which you feel you need :**  
\_\_\_\_\_  
\_\_\_\_\_

I the undersigned agree to abide by the rules and regulations as laid down by Spedeworth/Incarace Motorsports & the ORCi. I will conduct myself at all times in an appropriate manner, always showing due care and attention to drivers and their crews, other staff and the public. I will ensure that I obtain and read a copy of the rules of racing from Spedeworth/Incarace along with all health and safety documentation which relates to the job I am to perform.

Print Name : \_\_\_\_\_ Signed : \_\_\_\_\_

Date : \_\_\_/\_\_\_/\_\_\_

Approved by Spedeworth/Incarace: \_\_\_\_\_

Print Name : \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_