**Performers Medical & Wellbeing Form (PMWF) 2022**

Below are some questions we would like to ask you as you join our company, so we can try to make sure that we’re supporting you as much as we can.

**Nearly all of the questions are entirely optional.** Please only answer them if it feels appropriate and comfortable to do so.

We’d be happy to talk through this form face to face if that would be better for you.

The information you give us will be treated as confidential and stored securely (it won’t be saved on the company shared drive without a password). A copy will be given to the on duty Stage Manager for Treasure Islands and acting Company Manager. Let us know if you have any other requirements about who sees this information. We might like to talk with you about your answers, but only again if that feels comfortable for you.

If you want to discuss anything here, please contact:

If you have any feedback about the wording, the questions or what we might do with the answers, please let us know!

| **Name** |  |
| --- | --- |
| **Date of birth** |  |
| **Contact address** |  |
| **Telephone number** |  |
| **NHS Number** |  |
| **Doctors name & registered surgery contact details** |  |
| **Doctors phone number** |  |
| **Emergency Contact (next of kin)****Name** |  |
| **Relationship to you** |  |
| **Contact numbers** |  |
| **Other Emergency contact name** |  |
| **Relationship to you** |  |
| **Contact numbers** |  |
| **Your Food preferences / intolerances** |  |

**PERSONAL DISCLOSURE**

**(if none write none)**

| **What are your preferred pronouns?** |  |
| --- | --- |
| **What is your ethnicity?** |  |
| **What is your religion?** |  |
| **Do you have any health conditions, illnesses or disabilities that you’d like us to be aware of?** *(Please use this space to give us as much information as you wish to – feel free to include links to resources or send us additional attachments when returning this form)* |  |
| **Is there anything we can do or provide to remove any barriers to you working comfortably and efficiently?** *(e.g. access to specific equipment/software, physical accessibility requirements - anything that would ease any difficulties or challenges you may face in working with us.* *Your request(s) can be, but absolutely do not need to be, in relation to a condition, illness or disability identified in the question above)* |  |
| **If you are taking medication for a condition please write the name of the medication and say whether you will have it with you during the performance run?** |  |
| **Do you consent to medical treatment during the run if necessary?** | **Yes / No** |
| **Please state any known allergies** |  |
| **Do you have concerns about your risk from Covid-19, due to health or any other reason?** |  |
| **As you will be working away from home for the duration of the run, do you have any requests for on-site facilities and accommodation that you’d like us to know about?** |  |
| **What is your preferred method of contact? Email, phone, WhatsApp etc** |  |
| **Are there mental or emotional health or wellbeing issues you would like us to know?** |  |
| **What helps you stay mentally healthy at work?** *(e.g adequate breaks, exercise, working environment, social opportunities)* |  |
| **What could we do to proactively support you to stay mentally healthy at work?***(e.g regular feedback, check-ins)* |  |
| **Are there any situations at work that can trigger poor mental health for you?** *(e.g conflict at work, change, tight deadlines, heavy workload)* |  |
| **Are there any early warning signs that we might notice when you are starting to experience poor mental health?** *(e.g change in demeanour, withdrawing from colleagues)* |  |
| **What support could be put in place to minimise triggers or help you to minimise this impact?** |  |
| **If we notice any early warning signs that you are experiencing poor mental health, what would you prefer we do?** *(eg. Talk to you directly, contact someone that you have asked to be contacted?)* |  |
| **What steps can you take if you start to experience poor mental health at work? Is there anything we need to do to facilitate them?** *(eg. Take a break, ask someone for support)* |  |
| **Is there anything else you would like to share?** |  |

Thank you for completing this form. It will be destroyed on completion of the work you are contracted to perform for us.