c/o Rose Tree Cottage, Winterborne Stickland, Blandford DT11 ONW

Tel: 07714 364750

Email: hello@winterbornesticklandnursery.co.uk

Position applied for



APPLICATION FORM

Please complete this form in **type** or **black ink**. We request that **all** questions be answered in the boxes provided.

Closing Date

	PERSONA	L DETAILS		
First Name(s)	Surname		Date of	
			Birth	
Address				
Postcode		Home Telephone No	D.	
Mobile Telephone		Work Telephone No	o.	
No.				
Email Address				

REFERENCES

- o Please give the names, addresses and contact details of two people who have agreed to act as references and can verify or confirm your employment
- o One should be your present or most recent employer
- **o** The referees should be your immediate line manager, if this is not the case please give details of the relationship. Please do not use relatives, partners or friends as referees

Name	Name	
Position	Position	
Address	Address	
Email	Email	
Telephone	Telephone	

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May we contact the	• Yes	May we contact the	• Yes
referee before		referee before	
	• No		• No
interview?		interview?	
Do you need a work	• Yes	National Insurance	
permit to work in the	• No	Number	
United Kingdom?			

	QUALIFICATIONS ACHIEVED					
	Please list most recently achieved first					
Universities, Colleges, Secondary Schools	From	То	Full name of Qualification(s) as it appears on certificate	Grade		

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		, (i i L		
	QUALIFIC	CATIONS	CURRENTLY BEING UNDERTAKEN	
Universities, Colleges, Secondary Schools	From	То	Full name of Qualification(s)/Course(s)	Grade
Professional or o	ther Qua	alificatio	ns, Apprenticeships, Memberships of Profess	sional
			Organisations	

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Details of training you have received which you consider relevant								
	(Paediatric First Aid, Safeguarding etc.)							
	HEALTI	Н						
Disability or health proble	ms <u>do not</u> preclude ful	I consideration for the position	applied for					
Please give the number of sick		Please give the number of						
days in the last twelve months		separate occurrences in the						
		last twelve months						
Do you ha	ve a driving licence?	• Yes						
·		• No						
Do you have	access to a vehicle?	• Yes						
		• No						
Do you have reasonable assess	to public transport?	• Vos						
Do you have reasonable access	to public transport?	• Yes						
		• No						
Do you have any relationship	(i.e. family, friends)	• Yes						
with anyone working for Lit	· ·	• No						

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APPLICATION FORM

EMPLOYMENT HISTORY

O Please give details of your <u>current</u> or <u>most recent</u> employer					
Job Title					
Organisation/Company Name					
Address					
Postcode	Date started				
Notice period	eriod Basic salary Date			Date ended	
(if applicable)		per annum/		(if applicable)	
` '' '		hourly rate		, ,,	
Brief description of duties					
Reason for leaving					
	EMF	LOYMENT HIST	ORY		
 For positions applied for 	or which involve	working with chi	Idren, pleas	e give <u>full</u> employm	nent history,
accounting for any gaps	5	_			
o Please start with the <u>m</u>		and continue on	a separate s	heet of A4 paper if	necessary
					Reason for leaving

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APPLICATION FORM

Employment history continued on a separate sheet of A4 paper?

- Yes
- No

STATEMENT

- o Having read the job description and person specification, please state how your experience and achievements to date make you a suitable candidate for this position.
- o If you need to continue beyond this page, please use a separate sheet of A4 paper

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L	STATEMENT (Continued)

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	Statement continued on a separate sheet of A4	• Yes
	paper?	• No

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APPLICATION FORM

Please give details of other interests, including involvement in voluntary organisations, which

	you may consider relevant					
	DECLAF	RATION				
incomplete informat employment. I declare that the information	Any of the above information may be subject to verification. I understand that any false, inaccurate or incomplete information could result in dismissal, disciplinary action or withdrawal of any offer of employment. I declare that the information given on this form is, to the best of my knowledge, correct and complete and can be treated as part of my subsequent contract for employment.					
	tle Birch Pre-School may process borovide to it, for the purpose of en	•	•			
First name(s)	First name(s) Surname					
Signature		Date				
Please submit co	Please submit completed electronic application forms, equal hello@winterbornesticklandnursery colub					

questions on

Rose Tree Cottage, The Triangle,

DT11 0NW

07714 364750

Winterborne Stickland, Blandford Forum

opportunities forms and disclosure and barring declaration to Please submit completed paper application forms, equal

Please call a member of the Board of Trustees if you have any

A4 sized envelope marked CONFIDENTIAL to

opportunities forms and disclosure and barring declaration in an

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APPLICATION FORM

	EQUAL OPPORTUNITIES MONITORING FORM – CONFIDENTIAL						
	Position applied for	Pre-School Assistant	Date of birth		Age		
	First name(s)		Surname				

We are committed to equal opportunities in employment. As part of this policy, all applicants for employment are requested to complete this section for the purposes of monitoring the policy and it will be separated from your application. The information it contains will not be used in deciding whether or not to invite you to interview or offer you employment. As an equal opportunities employer, we aim to ensure that no job applicant or employee receives less favourable treatment on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. Please help us achieve our main aim by completing the following questions.

If you are invited to attend an interview or take up employment and require special arrangements please give details	
I would describe my race or ethnic origin as (please tick appropriate box)	 White British White other Black African Black Caribbean Black other Bangladeshi Pakistani Indian Asian other Chinese Chinese other White and Black Caribbean White and Black African White and Black Asian Other (please state)

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Female

Tel: 07714 364750

Email: hello@winterbornesticklandnursery.co.uk

Gender



• Other (please state) —————						
Do you consider yourself to have a disability? • Yes • No						
EQUAL OPPORTUNITIES MONITORING FORM - CONFIDENTIAL						
This post is exempt from the provisions of the Rehabilitation of Offenders Act 1974, please complete the section below.						
Have you ever been convicted, cautioned or reprimanded for a criminal offence? • Yes • No						
Are you on either of the two lists banning you from working with children or vulnerable adults imposed by the Disclosure and Barring Service (DBS)? • Yes • No						
If you have answered yes to any of the above, please give details and dates in the space provided below						
Do you require a work permit to work in the UK? • Yes • No						
National Insurance Number						
How did you find out about this vacancy? • Dorset For You • Total Jobs • Childcare Jobs Dorset	 Total Jobs 					

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		 Facebo 	ok		
		• Other (please specify)		
					
I consent to Little Birch Pre-School holding the data in the equal opportunities section of this form in their					
	database and manual file				
Signature of applicant		Date			