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| **Position applied for** |  | **Closing Date** |  |

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

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| PERSONAL DETAILS | | | | | | |
| **First Name(s)** |  | **Surname** |  | **Date of Birth** | |  |
| **Address** |  | | | | | |
| **Postcode** |  | | **Home Telephone No.** | |  | |
| **Mobile Telephone No.** |  | | **Work Telephone No.** | |  | |
| **Email Address** |  | | | | | |

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| REFERENCES | | | |
| * 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 * One should be your present or most recent employer * 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** |  |
| **May we contact the referee before interview?** | * Yes * No | **May we contact the referee before interview?** | * Yes * No |

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| **Do you need a work permit to work in the United Kingdom?** | * Yes * No | **National Insurance Number** |  |

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| QUALIFICATIONS ACHIEVED | | | | |
| Please list most recently achieved first | | | | |
| **Universities, Colleges, Secondary Schools** | **From** | **To** | **Full name of Qualification(s)**  **as it appears on certificate** | **Grade** |
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| QUALIFICATIONS CURRENTLY BEING UNDERTAKEN | | | | |
| **Universities, Colleges, Secondary Schools** | **From** | **To** | **Full name of Qualification(s)/Course(s)** | **Grade** |
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| Professional or other Qualifications, Apprenticeships, Memberships of Professional Organisations |
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| Details of training you have received which you consider relevant  (Paediatric First Aid, Safeguarding etc.) | | | |
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| HEALTH | | | |
| Disability or health problems **do not** preclude full consideration for the position applied for | | | |
| **Please give the number of sick days in the last twelve months** |  | **Please give the number of separate occurrences in the last twelve months** |  |

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| **Do you have a driving licence?** | * Yes * No |
| **Do you have access to a vehicle?** | * Yes * No |
| **Do you have reasonable access to public transport?** | * Yes * No |
| **Do you have any relationship (i.e. family, friends) with anyone working for Little Birch Pre-School?** | * Yes * No |

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| EMPLOYMENT HISTORY | | | | | |
| * Please give details of your **current** or **most recent** employer | | | | | |
| **Job Title** |  | | | | |
| **Organisation/Company Name** |  | | | | |
| **Address** |  | | | | |
| **Postcode** |  | | | **Date started** |  |
| **Notice period**  **(if applicable)** |  | **Basic salary per annum/ hourly rate** |  | **Date ended**  **(if applicable)** |  |
| **Brief description of duties** |  | | | | |
| **Reason for leaving** |  | | | | |

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| EMPLOYMENT HISTORY | | | | | |
| * For positions applied for which involve working with children, please give **full** employment history, accounting for any gaps * Please start with the **most recent first** and continue on a separate sheet of A4 paper if necessary | | | | | |
| **From** | **To** | **Company/**  **Organisation**  **Name** | **Address** | **Job Title** | **Reason for leaving** |
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| **Employment history continued on a separate sheet of A4 paper?** | * Yes * No |

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| STATEMENT | | |
| * 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. * If you need to continue beyond this page, please use a separate sheet of A4 paper | | |
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| STATEMENT (Continued) | |
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| **Statement continued on a separate sheet of A4 paper?** | * Yes * No |

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| Please give details of other interests, including involvement in voluntary organisations, which you may consider relevant |
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| DECLARATION | | | |
| 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.  I understand that Little Birch Pre-School may process by means of a computer database or otherwise, any information which I provide to it, for the purpose of employment with Little Birch Pre-School. | | | |
| **First name(s)** |  | **Surname** |  |
| **Signature** |  | **Date** |  |

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| **Please submit completed electronic application forms, equal opportunities forms and disclosure and barring declaration to** | | | | hello@winterbornesticklandnursery.co.uk | | |
| **Please submit completed paper application forms, equal opportunities forms and disclosure and barring declaration in an A4 sized envelope marked CONFIDENTIAL to** | | | | Rose Tree Cottage, The Triangle,  Winterborne Stickland, Blandford Forum  DT11 0NW | | |
| **Please call a member of the Board of Trustees if you have any questions on** | | | | 07714 364750 | | |
| 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. | | | | | |

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| **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 Irish * 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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Gender** | * Female * Male * Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Do you consider yourself to have a disability?** | * Yes * No |

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| 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 * Facebook * 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** | |  |