

Meadowbank Day Nursery

Application for Employment

Private & confidential

 Ref No: …………………….

 Position applied for: ………………………………………………………………………

 Surname: ………………………………… Forenames: ……………………………

 Additional Names Used

 Please complete this section below if you have been known by any other name, including a legal name change, married, alias, surname, family name etc.

|  |
| --- |
| List other names used: |

Address: ………………………………………………………………………………….

 …………………………………………………………………………………………….

 ……………………………………………………………………………………………

 Home Tel: ………………………………. Mobile: …………………………………

 Email: ……………………………………………………………………………………

 Current Driving Licence: YES/NO

**Education History:**

 Schools Qualifications Gained

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Colleges/ Universities Qualifications Gained

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Other training: …………………………………………………………………………...

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 **Employment History:** (please list most recent employment first)

 If there were any gaps in your employment please state why in the further comments section.

|  |  |  |  |
| --- | --- | --- | --- |
| From – To  | Name of Employer | Job Descriptionand brief details of duties | Reason for Leaving |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 **Other Employment:**

 Please note any other employment you would continue with if you were to be successful in obtaining this position:

 ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Further Comments:**

Please indicate your reasons for applying for the post. You are also invited to give here any additional information which you wish to have taken into account in support of your application, and to list hobbies, spare time activities, interests, memberships of voluntary organisations etc.

(continue on another sheet if necessary)

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**Absences:**

Please list all absences from work in the last 12 months complete with reasons:

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………………………………………………………………………………………………

………………………………………………………………………………………………

**References:**

Please note here the names, addresses, Email & telephone numbers of two persons from whom we may obtain both character and work references.

Please state in what capacity you know the referees.

At least one reference must be from your current employer or educator.

References will be taken up after you have accepted an offer of employment, unless you indicate we can approach your preferred referees prior to this.

Name: Name:

Address: Address:

Telephone: Telephone:

Email: Email:

Can we approach this referee Can we approach this referee

prior to interview/job offer (circle) prior to interview/job offer (circle)

YES NO YES NO

**Declaration:**

(Please read carefully before signing this application).

1. I confirm that the information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intentions and obtain your permission prior to contacting your doctor.

Signed: ……………………………………. Date: …………………………..

**For personnel use only:**

Ref No.

Position:

Interview Date:

Interview Notes:

Offer Letter: Y / N Rejection Letter: Y / N

References: Y / N Medical: Y / N

Start Date:

Hourly Rate:

Part Time / Full Time

DBS Ref:

Signed: Date:

**Declaration**

|  |
| --- |
| 1. I declare that I have not been convicted of any criminal offence, received cautions or written warning spent or otherwise (the post is exempt from the provisions of the Rehabilitation of Offenders Act). Please note, all job offers will be subject to enhanced DBS checks.
2. I conform I am eligible to work in the UK.
3. Staff Suitability Declaration

Please answer the question and sign the declaration below to demonstrate that you are safe to work with children. If there are any aspects of the declaration that you are not able to meet, you should disclose this immediately to the manager responsible for your recruitment.  |
| **Please circle yes or no against each question:** |
| Have you been cautioned, subject to a court order, bound over, received a reprimand or warning or found guilty of committing any offence **since the date of your most recent enhanced DBS disclosure?** | Yes | No |
| Have you been cautioned, subject to a court order, bound over, received a reprimand or warning or found guilty of committing any offence **either before or during employment at this setting?** | Yes | No |
| Are you ‘Disqualified for Caring for Children’ **(to include):** | Yes | No |
| * Have you committed any offences against a child?
 | Yes | No |
| * Have you committed any offences against an adult?
 | Yes | No |
| * Have you been barred from working with children (DBS)?
 | Yes | No |
| * Are you living in the same household as someone who has been disqualified from working with children under the Childcare Act 2006?
 | Yes | No |
| * Have your own children been taken into care?
 | Yes | No |
| * Have/are your own children the subject of a child protection order?
 | Yes | No |
| * Have you been placed on the DBS barring list?
 | Yes | No |
| Do you have any medical conditions that could affect your ability to care for children? | Yes | No |
| Do you have any special requirements to enable you to attend an interview? | Yes | No |
| Are you taking any medication on a regular basis or any other substances? | Yes | No |
| If you have answered YES to any questions, please provide further information below: |  |  |
|  |  |  |
| If appointed,* I understand my responsibility to safeguard children and am aware that I must notify my manager of anything that may affect my suitability.
* I will ensure I notify my employer of any convictions, cautions, court orders, reprimands or warnings I may receive.
* I am aware that if I am taking medication on a regular basis I must notify my employer, and must keep the medication in a safe place, out of reach of children.
* I will ensure I notify my manager if I experience any health concerns which could impact upon my ability to work with children.
* I give permission for you to contact any previous settings, local authority staff, the police, the DBS, or any medical professionals to share information about my suitability to care for children.

**4**. I declare that the information given on this form is correct and understand that on appointment any misleading or deliberate omissions will be regarded as grounds for disciplinary action or dismissal. |
| Signature: | Date: |