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| **A group of kids playing together  AI-generated content may be incorrect.APPLICATION FORM** |
| **APPLICANT INFORMATION** |
| **Surname** | **First Name** | **Title** |
| **Address** | **Town/City** | **County** |
| **Postcode** | **Home No** | **Mobile No** |
|  |  |  |
| **National Insurance No** | **Email Address** |
| **Position Applied For** | **Date Of Birth** |
| **How did you hear about the post?** |
| **Are you a UK citizen?** | **If not, do you have a permit to work in the UK?** |
| **Do you hold a current UK driving license?** | **Do you own a car?** |
| **Do you have a criminal record?** | **If yes, explain** |
| **Contact in the event of an emergency:**  | **Relationship:** |

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| **Do you speak Welsh?**  |
| **EDUCATION** |
| **Higher Education** | **Address:** |
| **From: To:** | **Qualifications:** |
| **Further Education** | **Address:** |
| **From: To:** | **Qualifications:** |
| **Secondary Education** | **Address:** |
| **Qualifications:** |
| **PREVIOUS EMPLOYMENT A group of kids playing together  AI-generated content may be incorrect.** |
| **Company** | **Phone No:** |
| **Address** | **Supervisor:** |
| **Job Title** | **Starting Salary £** | **Final Salary £** |
| **Responsibilities**  |
| **From: To:** | **Reason for Leaving:** |
| **May we contact your previous supervisor for a reference? Yes / No** |
| **Company** | **Phone No:** |
| **Address** | **Supervisor:** |
| **Job Title** | **Starting Salary £** | **Final Salary £** |
| **Responsibilities**  |  |  |
| **From: To:** | **Reason for Leaving:** |
| **May we contact your previous supervisor for a reference? Yes / No** |
| **Company** | **Phone No:** |
| **Address** | **Supervisor** |
| **Job Title** | **Starting Salary £** | **Final Salary £** |
| **Responsibilities** |
| **From To** | **Reason for Leaving** |
| **May we contact your current Employer for a reference? Yes / No** |
|  |
| **A group of kids playing together  AI-generated content may be incorrect.REFERENCES** |
| ***Please list three professional references to include email address and telephone numbers*** |
| **1.Full Name** | **Position** |
| **Company** | **Phone No** |
| **Address** |
| **Email Address** |
| **2.Full Name** | **Position** |
| **Company** | **Phone No** |
| **Address** |
| **Email Address** |
| **3.Full Name** | **Position** |
| **Company** | **Phone No** |
| **Address** |
| **Email Address** |
|  |
| **Rehabilitation of Offenders Act 1974 and Exception Order 1975** |
| **Because of the nature of the work for which you are applying, you must provide information about any criminal record. This includes convictions, cautions, reprimands and final warnings. Our power to require this lies in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 which removes the normal operation of the Act in relation to specific occupations, including the provision of Home Care Services. In the event of being employed in connection with this application, any failure to disclose such convictions could result in dismissal or disciplinary action.****If you have no convictions please write NONE ………………………****If you do have any previous or outstanding convictions, cautions, reprimands or final warnings, you will only be asked to supply details of the type of offence, date, sentence, fine etc if you are invited for interview.****Data Protection Act 1998 and Inspection****From time to time we may be required to release elements of this information on placing you in assignments; please be assured that we will only disclose information that is necessary.****I consent/ do not consent (circle as appropriate) to the disclosure of information required to place me on assignments.****Signed: Date:**  |
| **DISCLAIMER** |
| **I certify that my answers are true and complete to the best of my knowledge.** **If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.** |
| **Signature** | **Date** |

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| **Tel No:** | **Address:** |

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| **CRB Portability Consent** |
| **CRB Disclosure number** |  |
| **Date of Issue** |  |
| **Counter Signatory** |  |

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| **I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****consent to Rhos Playgroup contacting** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****at****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **to request if ‘additional information’ is contained in the Registered Body’s copy of my CRB Disclosure.** |
| **Signature** | **Date** |