Daisy Day Nursery Application Form

*Please write in the un-shaded (white) boxes*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position you are applying for: | |  | | | | | Minimum number of hours required weekly: | | | | | |  |
| Primary site location (circle) | | BARRY / LLANISHEN / CAMP | | | | | | | | | | | |
| Your full name: | |  | | | | | | | | | | | |
| Any previous names: | |  | | | | | | | | | | | |
| Your address (inc post code): | |  | | | | | | | | | | | |
| Your e-mail address: | |  | | | | | | | | | | | |
| Your telephone numbers: | | Home: | | | | | | | Mobile: | | | | |
|  | | | | | | | | | | | | | |
| **Education & Training:** *Please tell us about ALL your qualifications and training (you will be asked to provide certificates as proof) .* | | | | | | | | | | | | | |
| Name of School or College | | | Subject(s) taken | | | | | | | | Year | Grade Achieved | |
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| Please put the date of any current certificates you have: | Paed First Aid | | | First Aid at Work | Food Hygiene | | | Health & Safety | | Safeguarding | | | Manual Handling |
|  | | |  |  | | |  | |  | | |  |
|  | | | | | | | | | | | | | |
| Have you ever been dismissed by an employer? | | | | | | | YES / NO *(if yes, please provide details on a separate sheet)* | | | | | | |
| Has disciplinary action **ever** been taken against you by an employer? | | | | | | | YES / NO *(if yes, please provide details on a separate sheet)* | | | | | | |
|  | | | | | | |  | | | | | | |
| Have you ever had any criminal convictions or cautions? | | | | | | YES / NO | | | | | | | |
|  | | | | | | | | | | | | | |
| Where did you hear of the position: |  | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| Please tell us why you have chosen Daisy Day Nursery: |  | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| Please tell us what makes you the ideal person for the job: |  | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| Please describe best activity you have ever done with children and why it was a success: |  | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| What are your leisure activities? |  | | | | | | | | | | | | |

**Please score yourself on the table below:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **Comments** |
|  | **Fab** |  |  |  | **Not so fab** | |  |
| Timeliness |  |  |  |  |  |  |  |
| Responsiveness |  |  |  |  |  |  |  |
| Attentiveness |  |  |  |  |  |  |  |
| Positivity |  |  |  |  |  |  |  |
| Maturity |  |  |  |  |  |  |  |
| Happiness |  |  |  |  |  |  |  |
| Personal Presentation |  |  |  |  |  |  |  |
| Commitment |  |  |  |  |  |  |  |
| Team-work |  |  |  |  |  |  |  |
| Honesty |  |  |  |  |  |  |  |
| Sensitivity |  |  |  |  |  |  |  |
| Confidence |  |  |  |  |  |  |  |

**Supporting Information** *Please tell us anything else you think might support this application.* *Please continue on a separate sheet if necessary.*

|  |
| --- |
|  |

**Employment History**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Who you work for now:** | | |  | | | | | |
| Address: | |  | | | | | | |
| Your position: | |  | | | | Salary: |  | |
| Name of the manager: | |  | | | | Notice to give: |  | |
| Duties: | |  | | | | | | |
| Date employed from: | |  | | | | | | |
| Reason for and date of leaving or wanting to leave: | |  | | | | | | |
| **Previous Employers** *Please tell us about all the jobs you have had, making sure there are NO GAPS.* | | | | | | | | |
| From (date) | To (date) | | | Name of Employer | Post Held | | | Reason for leaving |
|  |  | | |  |  | | |  |
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**References**

|  |  |
| --- | --- |
| **Please provide two Referees:** *One of these* ***must*** *be your most recent employer* | |
| Name & position in company: | 1. |
| Company name: |  |
| Address including postcode: |  |
| Telephone numbers: |  |
| Email Address: |  |
| If this is not your most recent employer, please tell us why here: |  |
|  | |
| Name & position in company: | 2. |
| Company name if applicable: |  |
| If this is a personal referee, please tick this box: |  |
| Address including postcode: |  |
| Telephone numbers: |  |
| Email Address: |  |
|  | |
| **PLEASE NOTE**   1. NO APPROACH WILL BE MADE TO YOUR PRESENT EMPLOYER BEFORE AN OFFER OF EMPLOYMENT HAS BEEN MADE TO YOU AND YOU HAVE ACCEPTED. 2. YOU WILL BE ABLE TO COMMENCE EMPLOYMENT **ONLY** WHEN WE HAVE RECEIVED TWO SATISFACTORY REFERENCES, ONE BEING FROM YOUR CURRENT EMPLOYER. | |

**Medical Declaration**

To the best of my knowledge and belief I have no mental or physical condition which will affect my job at Daisy Day Nursery. That is, I am physically and mentally capable of looking after children and carrying out all duties associated with that. I confirm that I have disclosed all relevant information. I understand that if I am appointed and this information is inaccurate, I am liable to disciplinary action by Daisy Day Nurseries Limited.

Signature: …………………………………….… Date:……………………………………………

**Declaration**

I confirm that the information provided in all sections of this form are true and that I have disclosed all relevant information. I understand that if I am appointed and this information is inaccurate in any way, I am liable to disciplinary action by Daisy Day Nurseries Limited.

Signature: …………………………………….… Date:……………………………………………

**Daisy Day Nursery**

**Equal Opportunities Data**

Daisy Day Nursery is committed to a policy of equal opportunities for its students, staff and applicants. In order to monitor the operation of this policy it is necessary to collect certain key characteristics of these groups. The data collected forms a confidential statistical record used solely for the purpose of monitoring the effectiveness of this policy. The information provided on this form is not made available to any selector. I hope you will feel able to assist us by completing this form. Certain information will be held and processed on computer in accordance with the Nursery’s registration under the Data Protection Act.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Post Applied for: | |  | | | |
| Female | |  | Male |  |
| Married | |  | Not married |  |
| Please circle the description that best describes your ethnic group | | | | | |
| Asian | Indian | |  | | |
|  | Pakistani | |  | | |
|  | Bangladeshi | |  | | |
|  | Chinese | |  | | |
|  | Other | | Please specify: | | |
| Black | African | |  | | |
|  | Caribbean | |  | | |
|  | Other | | Please specify: | | |
| White |  | |  | | |
| Other ethnic Group | | | Please specify: | | |

Do you consider yourself disabled?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If YES are you registered disabled?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Age Group

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Under 25 |  |  | 34-44 |  |  | Over 54 |  |
| 25-34 |  |  | 45-54 |  |  |  |  |

*When you have completed* **every page** *of this form, please return the form to the address you have been told.*

*We accept CVs* **in addition** *to the application form.*