Darling Buds Nursery Limited

Seaway House

55 Bute Street

Cardiff Bay

CF10 5AH

**APPLICATION FORM**

**STRICTLY CONFIDENTIAL**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Applying For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE THAT ALL APPLICATIONS ARE SUBJECT TO PERSONAL AND EMPLOYER REFERENCES AS WELL AS AN ENHANCED CRIMINAL RECORD CHECK AND HEALTH CHECKS AS REQUIRED BY THE LOCAL AUTHORITY.**

**1. PERSONAL DETAILS**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnic Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you eligible to work in the United Kingdom? YES / NO

**CRIMINAL RECORD**

This post is exempt from the Rehabilitation of Offenders Act 1974. Please disclose any previous convictions. The information that you provide will be treated as strictly confidential.

Have you ever been convicted of a criminal offence? YES / NO

If YES please provide details below (continue on a separate sheet if necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2. GENERAL EDUCATION (since the age of 11 years old)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of School** | **Date Started** | **Date Finished** | **Subjects Taken and Grades** |
|  |  |  |  |

**FURTHER EDUCATION/PROFESSIONAL QUALIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of College/University**  | **Date Started** | **Date Finished** | **Subjects Taken and Grades** |
|  |  |  |  |

**TRAINING**

|  |  |
| --- | --- |
| **Nature of Training or Course** | **Date** |
|  |  |

|  |
| --- |
| **Please use this space below to support your application. Please state why you would like to work with children? What special qualities do you have and what contribution you could offer to the progress and wellbeing of children.** |

|  |
| --- |
| **Hobbies/Interests outside work:** |

If you have a disability please tell us about any adjustments we may need to make to assist you at the interview

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you are successful what date could you commence employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. REFERENCES**

Please provide the name and addresses of 2 people whom we may take up references. You should provide the name of your present/most recent employer, neither of these must be relative. Both referees must be able to comment on your professional skills and competence relevant to the position.

|  |  |  |
| --- | --- | --- |
|  | **Name and Job Title** | **Address and telephone Number**  |
| **1.** |  |  |
| **2.** |  |  |

I hereby certify that the information given in this form is correct to the best of my knowledge and I understand that any particulars not entirely accurate, false or references not entirely to the company’s satisfaction may lead to the rejection of my application or subsequent dismissal.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print Your Name Clearly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_