Application form

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| PRIVATE & CONFIDENTIAL | | | | |
| Applications are invited from all candidates. | | | | |
| Post applied for: |  | | | |
| Nursery name: |  | | | |
| Full name:  Title: |  | | | |
| Address:  Postcode: |  | | | |
| Tel no: |  | | | |
| Where did you see this vacancy advertised: | | | | |
| EDUCATION | | | | |
| Establishment name | From | To | Qualifications awarded | Grade/result |
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| Please give details of relevant courses you have attended (including dates of attendance). | | | | |
| WORK HISTORY  Please list your present or most recent employer first | | | | |
| Name and address of employer | From | To | Job title and brief details of duties | Reason for leaving (if applicable) |
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| FURTHER INFORMATION  (continue on another sheet if necessary) |
| 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. |

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| REFERENCES  Please give names, addresses and telephone numbers of two referees one of whom should be your present/most recent employer. Please state in what capacity you know the referees. References will be taken up after you have accepted an offer of employment, unless you indicate that we can approach your preferred referees prior to this. | | | |
| Ref 1:  Can we approach this referee prior to interview/job offer? (circle) | Ref 2:  Can we approach this referee prior to interview/job offer? (circle) | | |
| Yes No | Yes No | | |
| DECLARATION | | | |
| 1. I declare that that I have not been convicted of any criminal offence, received cautions or written warnings 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 (England and Wales)/ PVG registration (Scotland) 2. I confirm I am eligible to work in the UK.  3. Staff Suitability Declaration  Please answer the questions 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/senior responsible for your recruitment. | | | |
| Please circle yes or no against each bullet point: | | | |
| 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/PVG registration? | | 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 your 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 (e.g. rape, | | Yes | No |

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| murder, indecent assault, actual bodily harm etc.)? | |  |  |
|  Have you been barred from working with children (DBS/PVG)? | | 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 |
|  Has your name been placed on the DBS/PVG barring list? | | Yes | No |
| Do you have any medical conditions that could affect your ability to care for children? | | Yes | No |
| Are you taking any medication on a regular basis or any other substances? | | Yes | No |
| If you have answered YES to any of the 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/PVG, 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 statements or deliberate omissions will be regarded as grounds for disciplinary action or dismissal. | | | |
| Signature: | Date: | | |

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| FOR PERSONNEL/SHORTLISTING COMMITTEE USE ONLY | |
| Shortlist/decline with reason: |  |
| Date of interview: |  |
| Panel members: |  |