



**APPLICATION FOR EMPLOYMENT PRIVATE & CONFIDENTIAL**

<b>Position Applied For:</b>		<b>Location:</b>	
<b>Title:</b> MR/ MISS / MRS / MS / Other.....		<b>Email:</b>	
<b>Forename (s):</b>		<b>Contact Number (home)</b>	
<b>Surname:</b>		<b>Contact Number (mobile)</b>	
<b>Address:</b>		<b>Are there any restrictions on you taking up work in the UK?</b> YES / NO (If yes please provide details)	
<b>Post Code:</b>			
<b>Driving Licence</b>	YES / NO		
<b>Driving Licence Number</b>		<b>National Insurance Number:</b>	
<b>Details for any endorsements:</b>			

<b>Secondary School / Qualifications Gained (please include dates from and to)</b>	<b>College / Qualifications Gained (please include dates from and to)</b>

University / Qualifications Gained (please include dates from and to)	Details of Additional Training and other Qualifications (please include dates from and to) PLEASE RECORD OTHER TRAINING ETC IN THE BOXES PROVIDED	
	First Aid	
	Child Protection	
	Food Hygiene	

<b>EMPLOYMENT HISTORY</b> (please start with your most recent / current employment – providing all dates of employment, and give reasons for any gaps in employment) (Please continue on reverse of this page if you need to)			
Name and Address of Employer	Job Title and Duties	Salary on Leaving	Reason for Leaving

<p><b>LEISURE</b> (Please note here your leisure interest, sports and hobbies etc)</p>
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**PERSONAL STATEMENT**

Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the job description)

**CAUTIONS, REHABILITATION AND CRIMINAL RECORDS**

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment.

Any information will be completely confidential and will be considered only in relation to this application.

In addition you are required to submit to a Criminal Records Bureau check. Any standard or enhanced disclosure made by the CRB will remain strictly confidential.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? YES/NO (delete as required)  
If YES, please give details

**REFERENCES**

Please provide details of **two referees** who can provide information relating to your competency in a caring role, one of whom must be your present or most recent employer.

If you are a **student**, please give an academic referee.

As you are applying for a post which requires unsupervised access to children/vulnerable adults, we reserve the right to approach any past employer for a reference.

Name	Name
Relationship to you:	Relationship to you:
Organisation	Organisation
Address	Address
Post Code	Post Code
Telephone	Telephone
May be approach the above prior to interview? YES / NO	May be approach the above prior to interview? YES / NO

**Because this position involves the care of children employment is dependent on the following:**

- 1) Your written consent and relevant documentation to be able to obtain an enhanced disclosure certificate from the Criminal Records Bureau
- 2) Such disclosure being acceptable to us
- 3) Proof of identity - birth or marriage certificate and passport / photo card driving licence
- 4) Two satisfactory written references
- 5) Completion of a health declaration – evidence of your physical and mental suitability for your work

**DECLARATION (PLEASE READ THIS CAREFULLY BEFORE SIGNING THIS APPLICATION)**

I confirm that the above information is complete and correct and that any untrue or misleading information will give my Employer the right to terminate any employment contract offered.

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 intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

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

<b>Please return this form to:</b> Banana Moon Day Nursery Suite 27 Athena Court Athena Drive Leamington Spa Warwickshire CV34 6RT	<b>Office Use Only</b>
	Date Received:
	Interview Date:
	Outcome: