The Childcare Corporation
because we care as much as you

Application for Employment

EQUAL OPPORTUNITIES

"We aim to be an equal opportunity employer and select staff solely on merit, irrespective of race, sex, sexual orientation, disability, age, religion or belief. To enable us to assess whether this aim is being met, it would be helpful if you could complete the Equal Opportunities Monitoring Form enclosed. This will be separated from your application when it is received, it is private and confidential and will not be used to assess your suitability for interview."

FORENAMES

SURNAME

NURSERY LOCATION

POSITION APPLIED FOR

CURRENT ADDRESS

Postcode

Tel. Day

Tel. Evening

Mobile Phone

Email

PERSONAL DETAILS

Please indicate that you are 17 or over ☐ or you will be 65 in the next 6 months ☐

National Insurance No.

Do you require a work permit to work in the UK? YES ☐ NO ☐

If yes, please supply your current work permit reference number, your passport number and expiry date.

Where did you hear of this vacancy?

EDUCATION & QUALIFICATIONS

Schools/Universities/Further Education	From	To	Examinations passed including Grade

CHILDCARE QUALIFICATIONS / EXPERIENCE

Please give details regarding childcare qualifications/experience. Please state where qualification gained.

Qualification **Details**

Please give details of previous experience of this type of work.

You may continue on a separate sheet if necessary

HOW YOU MEET THE CRITERIA

Please give details of your skills, qualities and experience that make you suitable for the job you are applying for:

You may continue on a separate sheet if necessary

HOBBIES & INTERESTS

Please list activities that you take part in regularly *(including membership of associations)*

EMPLOYMENT RECORD - please include current occupation

(3 years continuous employment is required - if there are any gaps in employment please state reasons. Include unpaid/voluntary work where relevant to childcare)

Employer	Position Held	From	To	Salary	Reason(s) for leaving

You may continue on a separate sheet if necessary

How much notice does your employer require? _____

Date that you are available from: _____

OTHER

Number of days' illness during last year? _____ On how many separate occasions? _____

Do you require any special arrangements for interview? YES ☐ NO ☐

If YES, please give details _____

CRIMINAL CONVICTIONS

Have you ever been convicted of any criminal offence? YES ☐ NO ☐

If yes, please give the date of the conviction and describe the offence for which you were convicted.

_____

If the post for which you are applying will involve working with children, it is exempt from certain provisions of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended). You are not entitled to withold information about "spent" convictions. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action.

DISQUALIFICATION UNDER PART XA OF THE CHILDREN ACT 1989

Are you disqualified for registration under Part XA of the Children Act 1989 for child minding or providing day care? YES ☐ NO ☐

If you have answered "no" to the question above, are you aware of any police proceedings which could result in your becoming disqualified under Part XA of the Children Act 1989 for child minding or providing day care? YES ☐ NO ☐

Please note that you will be disqualified for these purposes if you live in the same household as a person who is himself/herself disqualified or if you live in a household at which a disqualified person is employed

REFERENCES

Please give the details of referees dating back at least three years. These should be present employer/school teacher/lecturer/business or professional people who have known you for more than two years. They must not be relatives/friends. The Childcare Corporation will not approach a referee without your prior permission.

REFEREE 1

Name

Occupation

Address

Tel

Fax

Date From to

REFEREE 2

Name

Occupation

Address

Tel

Fax

Date From to

REFEREE 3

Name

Occupation

Address

Tel

Fax

Date From to

REFEREE 4

Name

Occupation

Address

Tel

Fax

Date From to

Please indicate if you are happy for us to approach your referees? YES ☐ NO ☐

DATA PROTECTION

You agree that the personal data which you have provided on this form may be held and processed by us either by computer or manually for any purpose relating to the processing of your application and the administration of any subsequent employment, or in relation to our legal obligations or business needs. You agree that any sensitive personal data provided on this form realting to any medical conditions or disability or proceedings or alleged offences may also be held and processed for the purposes of keeping under review equality of opportunity and for ensuring our compliance with any legal obligations.

Please indicate if you are you happy for us to keep your application form on file for the next six months? YES ☐ NO ☐

DECLARATION

I confirm that the information on this form is accurate, true and complete to the best of my knowledge and belief. I understand that if it is subsequently discoverd that any statement(s) is/are flase or misleading or that I have witheld any material information, this may be sufficient cause for my application to be rejected or may justify disciplinary action against me, up to and including dismissal.

Signed

Date

PLEASE RETURN COMPLETED FORM TO: