# Application Form

| PRIVATE and CONFIDENTIAL |   |  |  |  |
|--------------------------|---|--|--|--|
|                          | Applications are invited from all candidates. |  |  |  |
| Post applied for:        |   |  |  |  |
| D.O.B:                   | Title.  |  |  |  |
| Full name:               |   |  |  |  |
| National Insurance Nu    | iber:   |  |  |  |
| Address:                 |   |  |  |  |
| Postcode:                |   |  |  |  |
| Home Tel no:             |   |  |  |  |
| Mobile Tel no:           |   |  |  |  |
| Email Address:           |   |  |  |  |
| Where did you see this   | acancy advertised:                            |  |  |  |

| EDUCATION  |      |    |                        |              |  |
|--|------|----|------------------------|--------------|--|
| Establishment<br>name  | From | То | Qualifications awarded | Grade/result |  |
|  |      |    |                        |              |  |
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| Please give details of relevant courses you have attended (including dates of attendance). |      |    |                        |              |  |
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|  |      |    | WORK HISTC | DRY                                   |                                       |  |
|--|------|----|------------|---------------------------------------|---------------------------------------|--|
| Please list your present or most recent employer first |      |    |            |                                       |                                       |  |
| Name and address of employer                           | From | То | Salary     | Job title and brief details of duties | Reason for leaving<br>(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.

## 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.   | Ref 2.   |
|--|--|
| Name:  | Name:  |
| Name of Business:  | Name of Business:  |
| Address:   | Address:   |
|  |  |
|  |  |
|  |  |
| Tel Number:  | Tel Number:  |
| I know this person   | I know this person   |
|  |  |
| Can we approach this referee prior to interview/job<br>offer? (please circle) Yes / No | Can we approach this referee prior to interview/job<br>offer? (please circle) Yes / No |

## DECLARATION

- 2. I ...... (name) 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 question.  |     |    |
|---|-----|----|
| 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 <b>either before or during your employment at this setting?</b>              | 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, murder, indecent assault, actual bodily harm etc.)?  |     | No |
| Have you been barred from working with children (DBS/PVG)?  | Yes | No |
| Are you living with someone who has been barred from working with children (DBS/PVG)?   | Yes | No |
| Are you living in the same household as someone who has been disqualified from working with children under the Childcare Act 2006?  |     | 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?  |     |    |
| Do you have any medical conditions that could affect your ability to care for children?   | Yes | No |

| Do you have  | any marial radius                             | ante ta anabla va                          | 1 to attend an interview?   |                     | Vac          | No     |
|--|---|--|---|---------------------|--------------|--------|
| Do you have any special requirements to enable you to attend an interview? |   |  |   | Yes                 | No           |        |
| Are you taking any medication on a regular basis or any other substances?  |   |  |   | Yes                 | No           |        |
| If you have a  | inswered YES to any o                         | of the questions, pl                       | lease provide further inforr  | nation below:       |              |        |
| If appointed   |   |  |   |                     |              |        |
|  | erstand my responsik<br>ung that may affect n |  | children and am aware tha   | t I must notify my  | v manag      | ger of |
| • I will   | e v   | с с  | nvictions, cautions, court or   | ders, reprimands    | or war       | nings  |
| the n I will   | nedication in a safe pl                       | ace, out of reach c<br>nanager if I experi | a regular basis I must notify<br>of children<br>ience any health concerns   |                     |              | -      |
| or an<br>I declare th  | y medical profession                          | als to share inform                        | ious settings, local authority<br>nation about my suitability t<br>n is correct and understa<br>e regarded as grounds for d | to care for childre | en<br>intmen | it any |
| Signature:   |   |  |   | Date:               |              |        |
|  |   |  |   |                     |              |        |
|  | FOR PER                                       | SONNEL/SHORTLI                             | ISTING COMMITTEE USE C  | DNLY                |              |        |
| Shortlist/dec  | line with reason.                             |  |   |                     |              |        |
| Date of inter  | view:   |  |   |                     |              |        |
| Panel memb   | ers:  |  |   |                     |              |        |