

APPLICATION FORM PRE-SCHOOL

Post Title:

Closing Date:

*Please complete this form in black ink or type, as it will be photocopied.
The decision to shortlist for interview will be based solely on the information provided in this application.
CVs will not be accepted. Additional information should be limited to one sheet of A4.*

PERSONAL DETAILS

SURNAME	FORENAMES	NATIONAL INSURANCE NUMBER
Title for correspondence (eg Mr/Mrs/Ms/Dr)		
ADDRESS		
TELEPHONE NO:		
EMAIL ADDRESS (if applicable)		

HEALTH

PLEASE STATE THE NUMBER OF DAYS AND REASONS FOR ABSENCE DUE TO SICKNESS DURING THE LAST 2 YEARS

PRESENT EMPLOYMENT

EMPLOYER'S NAME, ADDRESS AND NATURE OF BUSINESS	
TELEPHONE NO:	
POSITION HELD	
DATE OF APPOINTMENT	NOTICE REQUIRED
MAIN DUTIES AND RESPONSIBILITIES (please attach a copy of your organisation structure indicating your present role)	

EMPLOYMENT HISTORY

EMPLOYER'S NAME AND NATURE OF BUSINESS	POSITION HELD	DATES EMPLOYED FROM TO	REASON FOR LEAVING

EDUCATION HISTORY

SECONDARY SCHOOL ATTENDED	DATES ATTENDED	EXAMINATIONS PASSED	GRADE
COLLEGE/UNIVERSITY ATTENDED	DATES ATTENDED	EXAMINATIONS PASSED	GRADE
TRAINING COURSES ATTENDED			DATES ATTENDED

REFERENCES

PLEASE GIVE DETAILS OF TWO PERSONS WHO WILL PROVIDE A REFERENCE FOR YOU. NEITHER SHOULD BE A RELATIVE AND ONE SHOULD BE YOUR PRESENT, OR IF YOU ARE UNEMPLOYED, LAST EMPLOYER. CAN YOU INDICATE WHETHER WE MAY CONTACT YOUR REFEREES BEFORE INTERVIEW?

REFEREE 1	YES / NO	REFEREE 2	YES / NO
NAME POSITION ADDRESS		NAME POSITION ADDRESS	
TELEPHONE NO:		TELEPHONE NO:	

DO YOU HOLD A CURRENT ENHANCED CRB? YES / NO (please circle)

PLEASE DECLARE ANY CRIMINAL RECORD INFORMATION

If NIL please tick box and sign signed

DRIVING

DO YOU HOLD A CURRENT FULL DRIVING LICENCE?

DO YOU HAVE ACCESS TO A CAR FOR WORK?

HOBBIES AND SPARE TIME ACTIVITIES

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DECLARATION

I declare that the information given in this application is true. I accept that giving false information will disqualify me from being appointed or, if appointed, may result in my dismissal.

Signature:

Date:

PLEASE GIVE YOUR REASONS FOR APPLYING TOGETHER WITH DETAILS OF ANY PREVIOUS RELEVANT EXPERIENCE OR SPECIAL SKILLS AND HOW THEY MEET THE REQUIREMENTS OF THE JOB.

EQUAL OPPORTUNITY MONITORING FORM

To help us ensure that our recruitment procedures give genuine equality of opportunity please answer the questions below. This document will be kept separate from your application (please tick box where appropriate).

VACANCY INFORMATION

Title:- Ref Number:- Closing date:-

PERSONAL INFORMATION

Name:-

GENDER

Male

Female

ETHNIC ORIGIN

Please tick the box which most closely describes your cultural background

WHITE

British

Irish

Any other White background (please specify)

MULTI ETHNIC

Black Caribbean and White

Black African and White

Asian and White

Any other multi ethnic background

ASIAN OR ASIAN BRITISH

Indian

Pakistani

Bangladeshi

Any other Asian background

BLACK OR BLACK BRITISH

Caribbean

African

Any other Black background

CHINESE OR OTHER ETHNIC GROUP

Chinese

Any other ethnic group

DISABILITY

Do you have a disability in respect of employment in this post? Yes No

Please describe any special adaptations or arrangements you may require to undertake the duties of the post, these can be discussed with you at the interview:-

Where did see the advertisement for this position?