

92a PARCHMORE ROAD, THORNTON HEATH, CR7 8LX

Email: recruitment@littleshininglights.co.uk

EMPLOYMENT APPLICATION FORM

Please return this application form to the email or postal address above

Position Applied for (please circle as appropriate):

- Nursery Manager
- Deputy Manager
- Room Leader
- Nursery Practitioner
- Nursery Assistant
- Cook
- Cleaner

CONFIDENTIAL

Post applied for:

PERSONAL DETAILS	
Surname/Family name:	
First Name:	
Middle Name:	
Preferred Title (Mr/Mrs/Miss/Ms/Other):	
Do you have the right to work in the UK? YES / NO Do you require a Certificate of Sponsorship? YES / NO Visa Expiry Date:	
National Insurance Number:	
DBS Number:	
Address:	
Postcode:	
Mobile Telephone Number:	
Home Telephone Number:	
Email:	
Do you speak any other languages? If so, which:	

Name and Address of Institution	Qualifications /Courses	Date obtained	Qualifications Grade & Awarding Body

Date Obtained	Name of Institution	Qualifications gained & Awarding Body
MPLOYMENT HIS mployer)	TORY /RECORD (please list ch	ronologically, starting with current or last
resent or recent	employment history	
lame and Addres	s of Employer:	
elephone:		
Current position:		
tart date:	End d	ate:
rief description o	f duties:	
·		
eason for leaving	: :	

Previous Employers (prior to above starting with most recent)		
Name and Address of Employer:		
Telephone:		
Position Held:		
Start date:	End date:	
Please give details of your duties:		
Reason for leaving:		
Name and Address of Employer:		
Telephone:		
Position Held:		
Start date:	End date:	
Please give details of your duties:		
Reason for leaving:		
 Please continue on separate sheet i 		
 If there are any gaps in your employment or education history please explain / give details. 		

SUITABILITY FOR THIS POSITION/PERSONAL STATEMENT Please detail your suitability for this position relating to the person specification issued. You are invited here to give any additional information which you wish to have taken into account in support of your application, and to list hobbies, spare time activities, interests etc.

DISABILITY DISCRIMINATION ACT 1995

Section 1 of this Act describes a disabled person as a person with a 'physical or mental impairment which has a substantial or long-term effect on his/her ability to carry out normal day-to-day activities'.

Using this definition, would you consider yourself to be disabled? Yes / No

If yes, do you require any special arrangements to be made to assist you if called for interview? Please provide details

Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975

This post is covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 because it is a post which involves working directly with children or young people. You are therefore required to declare whether you have any criminal convictions (or cautions or bindovers) including those which are "spent". The amendments to the Exceptions Order 1975 (2013) provide those certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the **Disclosure and Barring Service web site:**

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/240164/Filte ring_guidance_v1_5.pdf

Please complete the following questions, taking into account the DBS filtering guidance:

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013?

Yes	/	Ν	0
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How did you hear about this post?:

REFERENCES

Please give details of at least two referees who can comment on your suitability for the position. One should be your current or most recent employer. When contacting referees, we seek information of any past disciplinary issues or safeguarding issues you may have been subject to. If appointed, written references will need to be received prior to any offer or confirmation of employment. If you would like us to refrain from contacting a referee before a certain date you must state this in your interview. Please do not submit this application form without all details being fully completed.

Name:	Name:
Position:	Position:
Company/Organisation:	Company/Organisation:
Address:	Address:
Email:	Email:
Telephone:	Telephone:
Nature of relationship/Capacity in which	Nature of relationship/Capacity in which
known:	known:

DECLARATION

- 1. I acknowledge that an appointment if offered will be subject to satisfactory medical clearance.
- 2. Currently I am in good health;
- 3. I confirm that there is nothing in place to prevent me from working with children.
- 4. I confirm that I do not live with anyone who has been disqualified to work with children.
- 5. I declare that the information given on this form is correct and understand that on

appointment any misleading staten grounds for disciplinary action.	nents or deliberate omissions will be regarded as
Signature:	Print Name:
Date:	