



Post Applied for:

Position Held at Present		Current Qualification	
--------------------------	--	-----------------------	--

Date of Qualification		Present Salary	
-----------------------	--	----------------	--

Personal Details:

Title (Ms, Mrs)		Surname	
-----------------	--	---------	--

First Name(s)	
---------------	--

Other Names Used	
------------------	--

Address	
Postcode	

Home Phone Number	
Mobile Number	
Email Address	

National Insurance Number	
---------------------------	--

Period of notice	
------------------	--

Where did you hear about this vacancy?	
--	--



General Information

This post is exempt from the Rehabilitation of Offenders Act 1974 and therefore all convictions, cautions and bind-overs, including those regarded as “spent”, must be declared. Therefore, have you ever been cautioned or convicted of any criminal offences, including driving offences? (This will not necessarily disqualify you from the position).

Please give details, however minor:

--

All successful applicants will be subject to a DBS Disclosure. If you do not declare now something that later shows on your DBS form your employment could be at risk.

Please outline your qualifications from GCSE onwards including dates (continue on a separate sheet if necessary)

Name of School/College	Date From	Date Until	Name of Qualification	Date of Qualification

Please give a brief outline of your work history (paid and voluntary) since leaving full time education including dates and any gaps in employment. Please start with your most recent employer (continue on a separate sheet if necessary)

Name of Employer	Date From	Date Until	Reason for Leaving



Questionnaire

Please fill in this questionnaire. This is for information only and there are no right or wrong answers.

<p>Are you currently working in a childcare setting?</p> <p>If Yes, What responsibilities do you have in your present job?</p> <p>If No, Why?</p>	
<p>Can you outline your experience of delivering the Early Years Foundation Stage Framework?</p>	
<p>Which tasks at work do you enjoy most and why?</p>	
<p>Which tasks at work do you enjoy least and why?</p>	
<p>Which is your preferred age group and why?</p>	



Which age group do you have the most experience with?	
What are your strengths?	
What are your weaknesses?	
What skills can you bring to the Setting?	
How will your previous experience in childcare help you in this role?	
What are your career objectives? What first aid qualifications do you hold?	



Referees

Please give the name, address and occupation of two work related and one personal referee. I will be approaching your named referees for a reference if you are short listed after interview, unless you do not give me permission. Please note that the reference will ask about any disciplinary offences during your employment.

Referee 1 (Most Current Employer)

Name & Occupation	Address (inc. Postcode) & Phone Number		
Email Address			
Can I approach this person immediately?	Yes	No	

Referee 2 (Work Related)

Name & Occupation	Address (inc. Postcode) & Phone Number		
Email Address			
Can I approach this person immediately?	Yes	No	

Referee 3 (Personal)

Name & Occupation	Address & (inc. Postcode) Phone Number		
Email Address			
Can I approach this person immediately?	Yes	No	

I understand that it is my responsibility to provide references and to chase referees that are slow to give references. I understand that giving false information is an offence and could result in the application being rejected. I declare that the information given is, to the best of my knowledge, accurate and I acknowledge that any offer of employment is subject to the receipt of satisfactory references and a CRB Disclosure.

Signature	Date



Additional Details Form

The following is information we need to accurately monitor equal opportunities and to ensure that we adhere to our policy.

Please could you take the time to fill it in.

Thank You.

Name	
------	--

Date of Birth	
---------------	--

Post Code	
-----------	--

Ethnic Origin	
---------------	--

Religion	
----------	--

No of Dependents	
------------------	--

Marital Status	
----------------	--

Do you suffer from any recurring condition or illness?	
--	--

Do you have any disabilities? If yes please give details.	
---	--

Are you up to date with the following vaccinations? (If no, we recommend that tyou visit your GP for your own good health)	Yes	No
Tetanus		
Tuberculosis		
Rubella		
Hepatitis		
Polio		

