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| **CONFIDENTIAL**  Stepping Stones Playschool  Application Form |
| Position Applied for: |
| Where did you hear about this vacancy? |

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| Surname |  | Previous Surname |
| First Name(s) |  |
| DOB |  |
| Permanent Address | | Home Number:  Mobile Number:  Email: |

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| Present or most recent position | |
| Employer:  Address:  Nature of Business:  Reason for leaving: | Position held:  Start date:  Leave date:  (if relevant)  OR  Notice required:  Basic salary £……………….  Per annum/hour/week/session |

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| Description of main duties |

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| Previous employment  Please give details of your previous employment, starting with the most recent (vacation jobs while you were a student do not need to be included unless you feel they are relevant to the position). Include separate details about different posts with the same employer, including the present one. Exact employment dates must be given. | | | | | | |
| **Employer** | **Post held** | **Reason for leaving** | **Dates** | | | |
|  |  |  | **from** | | **to** | |
| **M** | **Y** | **M** | **Y** |
|  |  |  |  |

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| Education and qualifications (continue on separate sheet if necessary) | |
| Course Title/Awarding body | Date Achieved and Grade |

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| Disability |
| We welcome applications from people with disabilities. Is your ability to perform the particular job for which you are applying limited in any way?  Yes/No  If yes, how can we overcome this?  If shortlisted for the position we will ask if any special arrangements are required for the selection process. On the day, there will be an opportunity to discuss any adjustments that may be required to enable you to carry out the job. |

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| Asylum and Immigration Act 1996 |
| National Insurance Number:  If no NI number available, do you have evidence of your entitlement to live and work in the UK?  YES/NO |
| Medical History -Number of working day sickness absence in last two years |
| In the last 12 months…………………………….days. Previous year…………………………………days  Sickness absence may be discussed at interview and successful candidates may be required to provide a letter indicating their fitness to work from their GP. |

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| DBS Check |
| I hold a current enhanced DBS Certificate YES / NO  I am willing to undergo an enhanced DBS if my application is successful YES/NO |

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| References | | |
| Two references are required-one should be your current or last employer if you ae not currently working. For students one reference should be from the college. References are usually taken up before selection, please indicate if this is acceptable YES?NO  *Appointments are offered on condition of suitable references being obtained.* | | |
| Name | 1 | 2. |
| Address |  |  |
| Tel. No. |  |  |
| Position/  relationship |  |  |

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| Please study the enclosed person specification and job description. Give examples of attributes, hobbies or interests which ae relevant to the position you have applied for.  . |
| Rehabilitation of Offenders Act/Home Office Circular 22/91 |
| Because of the nature of the work, this employment is exempt from the provision of the Rehabilitation of Offenders Act 1974 and associated Order. Applicants are not, therefore, entitled to withhold details of any criminal convictions which for other purposes may be considered ‘spent’. Checks will be made against police records in respect of those applicants selected for appointment, in accordance with Home Office Joint Circular 86/44. Information given will be kept confidential and will only be used in relation to the job.  Have you ever had any convictions or police cautions (including ‘spent’ convictions)?  YES/NO  If YES, give details on a separate sheet of paper (attached in a sealed envelope if you prefer). |

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| **I declare that the information given is true and accept that false information may result in my application being disqualified and if appointed could lead to dismissal. I understand a police check will be carried out**. | Signature:  Date: |
| Please return your completed form via email-mcravenssp@hotmail.com | |