**Stratton Playgroup**

New Road, Stratton, Bude, Cornwall EX23 9AP

**Telephone:** 01288 356135 **E-mail:**  strattonplaygroup@hotmail.co.uk

**Website:** www.strattonplaygroup.btck.co.uk

**Job Application Form**

Please complete this form in type or black ink. All questions must be answered in the boxes provided.

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| --- | --- | --- | --- |
| **Post:** |  | **Closing Date:** |  |
|  |  |  |  |
| First name(s): |  | Surname: |  |
| Address: |  |  |  |
|  |
|  | Post Code: |  |
| Home Telephone Number: |  | Work: |  |
| Can we ring you at work? **YES/NO** | E-mail Address: |  |
|  |  |

**Please give name, address, telephone number/s and email address of two referees, one of whom should be your present/most**

**recent employer.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  Name: |  |
| Position: |  |  Position: |  |
| Address: |  |  Address: |  |
|  |  |  |
| Email address: |   | E Email address: |  |
| Tel: |  |  Tel: |  |

Verification is normally sought after interview. Please indicate whether your references can be approached before the interview.  **YES / NO**

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Only complete this section if the job description indicates that the post is exempt from the provisions of the Rehabilitation Act 1974.

Have you ever been convicted of any criminal offence? **YES/NO**

If **YES**, please give details of the conviction(s) and date(s) in the space provided below:

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| Do you need a work permit to work in the UK? **YES/NO** National Insurance Number: |  |
|  |  |

**Qualifications Achieved:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Secondary Schools,Colleges, Universities | From: | To: | Brief Details of Courses: | Grade: |
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**Study currently being undertaken:**

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| --- | --- | --- | --- | --- |
| Secondary SchoolsColleges, Universities | From: | To: | Brief Details of Courses: | Grade: |
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Professional or other qualifications, apprenticeships, memberships of professional organisations:

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**Other training you have received which you consider relevant:**

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DISABILITY OR HEALTH PROBLEMS DO NOT PRECLUDE FULL CONSIDERATION FOR THE JOB AND APPLICATIONS FROM

DISABLED PERSONS ARE WELCOMED.

**Health**

|  |  |
| --- | --- |
| Please give number of sick days in last 12 months |  |
|  |
| Please give number of separate occurrences of illness in last 12 months |  |
| Do you consider yourself mentally and physically fit to undertake the role | Yes / No |
|  |
|  |

**Employment:**

|  |  |
| --- | --- |
| Current/most recent employer: |  |
| Address: |  |
|  |
|  | Post Code: |  |
| Date Started: |  | Until: |  | Notice required: |  |
| Job Title: |  | Basic salary per annum: |  |
| Brief Description of Duties: |  |
|  |
|  |
|  |
| Contracted hours per week: |
| Reason for leaving: |  |
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**Other employment/career history starting with most recent:**

For posts which involve working with children, please give full employment history, accounting for any gaps (please continue on a separate

sheet of paper if necessary). **A minimum of five years must be provided for.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From: | To: | Employer:Name and Address: | Post: | Reason for Leaving: |
|  |  |  |  |  |
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**Please give details of other interests, including involvement in voluntary organisations which you consider relevant:**

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**Experience/Relevant Skills**

Having read the job description and person specification, please state how your experience and achievements to date would make you a

suitable candidate for this post. If you need to continue beyond these pages of the form please use the same size white paper.

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**Declaration**

Any of the above particulars may be subject to check. I understand that any false, inaccurate or incomplete information could result in

dismissal, disciplinary action or a withdrawal of any offer of employment.

I declare that the information given on this form is to the best of my knowledge correct and complete and can be treated as part of any

subsequent contract of employment.

I understand that the Pre-school may process, by means of a computer database or otherwise, any information which I provide to it, for

the purpose of employment with the Pre-school.

I acknowledge that an appointment if offered will be subject to satisfactory medical clearance. Currently I am in good health;

I confirm that I do not live with anyone who has been disqualified to work with children.

|  |
| --- |
|  |
| Signature: |  |  Date: |  |
|  |

Please return in a sealed envelope marked ‘CONFIDENTIAL’; to:

|  |  |  |
| --- | --- | --- |
|  | **Name:** | The Manager |
|  | **Address:** | Stratton Playgroup, New Road, Stratton, Bude EX23 9AP |
|  |  | **OR EMAIL:** strattonplaygroup@hotmail.co.uk |
|  |

**EQUAL OPPORTUNITIES**

We are committed to Equal Opportunities in Employment. As part of this policy, all applicants for employment are requested to complete

this section for the purposes of monitoring the policy and it will be separated from your application. The information it contains will not

be used in deciding whether or not to invite you to interview or offer you employment. As an Equal Opportunities Employer, we aim to

ensure that no job applicant or employee receives less favourable treatment on the grounds of age, sex, race, colour, marital status,

religion, ethnic origin, nationality or sexual orientation. Please help us to achieve our main aim by completing the following questions:

**Position applied for:**

|  |
| --- |
|  |
|  |
| Name: surname and forename(s) in full: |  |
| Date of Birth: |  | Age: |  |  |
| If you are invited to attend for interview or to take up employment, and require special arrangements, please give details below: |
|  |
|  |
|  |
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|  |

**Gender:**

|  |  |  |  |
| --- | --- | --- | --- |
| Male |  |  Female: |  |
|  |

**Disability:**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you consider yourself to have a disability? **Yes** |  |  **No** |  |
|  |
| Are you registered disabled? **Yes** |  |  **No** |  |
|  |

**I would describe my race or ethnic origin as (please tick appropriate box):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White British |  |  White Irish |  |  White Other |  |
|  |  |  |  |  |  |
| Black African |  |  Black British  |  |  Black Caribbean |  |
|  |  |  |  |  |  |
| Black Other |  |  |  |  |  |
|  |  |  |  |  |  |
| Bangladeshi |  |  Chinese |  |  Indian |  |
|  |  |  |  |  |  |
| Pakistani |  |  Other |  |  |  |
|  |  |  |  |  |  |
| **How did you find out about this vacancy?**(please give the name of the newspaper/journal/website) |  |
| I consent to the Pre-school holding the data in the equal opportunities section of this form.  |
| Signature of applicant: |  |  **Date:** |  |
|  |

Please see our Privacy Notice 2 9 (which can be found on our website – Policies & Procedures section),

for our purposes for requesting, processing, storing, and erasure of personal data. On signing this document, you are confirming that you give consent to our use of your data.