**APPLICATION FORM**

Please complete this form legibly in black or blue ink and return it on or before the closing date specified in the advertisement. Late applications will not be considered. ONLY INFORMATION PROVIDED ON THIS APPLICATION FORM WILL BE CONSIDERED. Curriculum vitae will not be accepted. Please outline clearly how your qualifications and experience meet both the essential and preferred requirements. All information given will be treated with the strictest confidence. Continuation sheets may be added if necessary, but please name them. This application form will form the basis of any contract of employment.

Scribbles Day Nursery will seek to ensure that all existing and potential employees are given equal opportunities. Scribbles Day Nursery is committed to the elimination of unlawful or unfair discrimination and will seek to ensure that no applicant for employment is disadvantaged by conditions or requirements that cannot be justified.

#### VACANCY DETAILS

|  |  |
| --- | --- |
| Position applied for: |  |
| How did you hear about this vacancy? |  |

1. **PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Telephone number (Home): |  |
| Forename(s): |  | Telephone number (Mobile): |  |
| Dr / Mr / Mrs / Ms Miss / Other: |  | Telephone number (Work): |  |
| Address including postcode: |  | Email address: |  |

|  |  |
| --- | --- |
| How would you travel to the nursery? |  |
| Please tell us if you require any additional support to attend an interview? |  |
| ***Eligibility to Work in the UK:*** | |
| Do you have permission to work in the UK? | Yes No |
| Visa Number: |  |
| Visa Expiry Date: |  |

1. **EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School/College/ University/ Awarding Body** | **Type of School/ Establishment**  *(secondary, sixth form, university)* | **Title of Qualification**  ***(****If shortlisted you will be required to provide proof of any relevant qualifications)* | **Grade / Level &**  **Date Achieved** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Please continue on a separate sheet if required*

1. **OTHER TRAINING/SHORT COURSES**

|  |  |
| --- | --- |
| **Dates** | **Course Title and Duration** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Please provide any former names you have used: |  |
| Is the name on your certificates the same as on this form:  *(you will need to provide proof e.g. Marriage certificate)* | Yes No |

1. **EMPLOYMENT RECORD** (Please list chronologically, starting with current or last employer)

|  |  |  |  |
| --- | --- | --- | --- |
| **Employers Name**  **& Address** | **Job title and brief**  **Description of duties** | **Date**  **From & To** | **Reason for Leaving**  **and Salary** |
|  |  |  |  |
|  |  |  |  |
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*Please continue on a separate sheet if required*

1. **SUPPORTING STATEMENT**

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| --- |
| Please use the space below to tell us how you feel you will meet the criteria outlined in the **Job Description.** Also please include any other details that you feel are relevant to your application.  Please complete as fully as possible, as the information you provide will be used in assessing your application and will form part of the selection process. If additional space is required, please continue a separate sheet. |
|  |

**ADDITIONAL INFORMATION**

|  |
| --- |
|  |

1. **REFEREES**

Please give the names and addresses of two referees to whom confidential enquires may be made – one of whom must be your current employer (or if not currently employed, your last employer). If you have been with your employer for less than 3 years, you should also give your previous employer as a referee.

|  |  |  |
| --- | --- | --- |
|  | Reference 1 | Reference 2 |
| Name: |  |  |
| Position |  |  |
| Company: |  |  |
| Address: |  |  |
| Telephone Number: |  |  |
| Email Address: |  |  |
| Capacity in which they are known to you? |  |  |
| May we contact this referee before offers are made?  (please delete as appropriate) | Yes No | Yes No |

Information to be sought from your referees will (as appropriate) include the length of time they have known you, your duties and reasons for leaving, the number of days of sickness absence (not reasons), details of any disciplinary action, your skills/abilities, work relationships and attitudes, strengths and areas for development and your suitability for access to children.

1. **REHABILITION OF OFFENDERS ACT 1974 (as amended)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Have you ever been convicted of a criminal offence which under the Act is NOT spent? If yes, you need to supply details (in a separate letter attached to this form) | YES | NO |
|  | Is the post “exempted” under the act? | YES | NO |
|  | If yes to question 1, please supply details of all convictions whether spent or not (in a separate letter attached to this form). Scribbles Day Nursery is entitled to check this with the Disclosure & Baring Service. |  |  |

|  |  |
| --- | --- |
| Scribbles Day Nursery is positive about disability and encourages applications from disabled people. If you consider that the provisions of the Disability Discrimination Act 1995 apply to you, please tick the box |  |

|  |
| --- |
| If you require assistance at any stage of the process please contact Scribbles, or provide details |
|  |

1. **DATA PROTECTION LEGISLATION**

**The information you have provided will be held in compliance with the Data Protection Act 1998.**

You are deemed to have given consent for Scribbles Day Nursery to seek verification of any information you have given in this application.

1. **SAFEGUARDING**

Scribbles Day Nursery is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

1. **VERIFICATION OF INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| I declare that the information I have provided on this application form is full, accurate and complete and I understand that if I provide false information, or fail to provide full, complete and accurate information, this may lead to the decision that my application cannot be considered any further, the withdrawal of the offer of appointment, or to my dismissal, if I have been appointed. Any offer of employment is subject to receipt of satisfactory references, medical assessment and Criminal Records Bureau checks, where applicable. | | | |
| Signature: |  | Date: |  |

Please return this application form to:

Operations Manager

Scribbles Day Nursery

Head Office

217 High Street

Gorleston

Great Yarmouth

NR31 6RR Thank you for your application.