

Newpark Childcare

JOB APPLICATION FORM

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|---|---|--|---|
| POSITION APPLIED FOR: | | SETTING: | |
| <i>Please complete this Application Form fully before the interview begins.</i> | | | |
| A: PERSONAL DETAILS | | | |
| Title (Mr/Mrs/Miss/Ms/other): | Forename(s): | Surname: | |
| Address: | | Postcode: | |
| Telephone | <i>Home:</i> | <i>Mobile:</i> | |
| Email Address: | | | |
| Date of Birth: | Place of Birth: | Nationality: | |
| NI Number: | Clean UK Driving License: PROVISIONAL / FULL / PSV / NONE | | |
| Have you ever been disqualified from driving, or had car insurance refused? If yes, please provide brief details: | | NO <input type="checkbox"/> YES <input type="checkbox"/> | |
| Do you require a visa, work permit, or any other official document in order to work as an employee in the UK? If yes, please give details: | | NO <input type="checkbox"/> YES <input type="checkbox"/> | |
| B: HEALTH & DISABILITIES | | | |
| Do you have any disabilities that may be relevant to this Job Application? If so, please describe them and if there are any adjustments we can make to assist you in the job: | | | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Please give details of any medical condition or serious accident or serious illness for which you have received treatment in the past 3 years: | | | |
| Do you have an on-going serious medical condition or allergy that requires Epipen use or medication? If yes please provide brief details: | | | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Eyesight: | Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> | Do you wear? | Spectacles <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Neither <input type="checkbox"/> |
| Hearing: | Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> | Overall state of health: | Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> |
| Have you had treatment for any condition relating to the abuse or misuse of drugs or alcohol within the last 5 years? If "YES" please provide brief details: | | | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Are you prepared to undergo a medical examination? NO <input type="checkbox"/> YES <input type="checkbox"/> | | | |
| C: EDUCATION | | | |
| Secondary Education – Name of school/6 th form college: | | | |
| Qualifications / Exam Subjects: | | Results/Grades: | Dates: |
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| Higher Education (including current studies) – Name of university/college: | | |
| Qualifications / Exam Subjects: | Results/Grades: | Dates: |
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| Training Courses – please give details of relevant professional development courses you have attended including certificates in First Aid, Safeguarding/Child Protection, Food Safety, SEN, H&S etc. | | |
| Courses: | Dates: | |
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| D: LEISURE & LANGUAGES | | |
| Please provide brief details of your hobbies, sport and other leisure pastimes in which you participate: | | |
| | | |
| Please provide brief details of any Memberships of Professional Organisations or Trade Union: | | |
| | | |
| Languages: please list all languages you speak. | | |
| <i>English</i> | Basic <input type="checkbox"/> | Intermediate <input type="checkbox"/> Fluent <input type="checkbox"/> Mother Tongue <input type="checkbox"/> |
| | Basic <input type="checkbox"/> | Intermediate <input type="checkbox"/> Fluent <input type="checkbox"/> Mother Tongue <input type="checkbox"/> |
| | Basic <input type="checkbox"/> | Intermediate <input type="checkbox"/> Fluent <input type="checkbox"/> Mother Tongue <input type="checkbox"/> |
| E: EMPLOYMENT HISTORY | | |
| Start with your most recent employer and do not include work placements unless it is for more than a one-month consecutive period. | | |
| Employer: | Job Title: | |
| Start Date: | Leave date: | |
| Final Salary: | Reason for leaving: | |
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|---------------|---------------------|
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| Final Salary: | Reason for leaving: |
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| Start Date: | Leave date: |
| Final Salary: | Reason for leaving: |

Please use this space to detail reasons for any gaps in your employment history:

F: VOLUNTARY & COMMUNITY WORK EXPERIENCE

Please provide details of any work experience you have undertaken or currently undertake, including dates, organization and duties.

G: DECLARATION OF SUITABILITY TO WORK WITH CHILDREN

Please answer the questions and sign the declaration below to demonstrate that you are safe to work with children. If there are any aspects of the declaration that you are not able to meet you should disclose this immediately to the person responsible for your recruitment. Employment is subject to the receipt of a clear enhanced DBS disclosure. The post is exempt from the provisions of the Rehabilitation of Offenders Act 1974.

| Questions (N.B. DBS = Disclosure & Barring Service) | NO | YES | |
|---|----|------|---------|
| | | Date | Details |
| Have you been cautioned, subject to a court order, bound over, received a reprimand or warning, or been found guilty of committing any offence, or have any cases pending that may affect your suitability to work with children? | | | |
| Are you "Disqualified from Caring for Children"? | | | |
| Have you been barred from working with children (or has your name been placed on the DBS barring list)? | | | |

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| Questions <i>(N.B. DBS = Disclosure & Barring Service)</i> | NO | YES <i>Date</i> | <i>Details</i> |
|---|-----------|---------------------------|----------------|
| Are you living in the same household as someone who has been barred from working with children (or on the DBS barring list)? | | | |
| Are you living in the same household as someone who has been disqualified from working with children under the Childcare Act 2006? | | | |
| Have you committed any offences against a child? | | | |
| Have you committed any serious offences against an adult? (e.g. rape, sexual offences, indecent assault, murder, manslaughter, wounding occasioning grievous bodily harm, assault occasioning actual bodily harm, false imprisonment or kidnapping.) | | | |
| Have you ever had registration as a childminder, childcare provider or child or adult care home refused or cancelled? | | | |
| Have you ever been disqualified or prevented from being a foster parent? | | | |
| Have your own children (or those legally in your care) been taken in to care or subject to a court order, care order, child protection order or exclusion order? | | | |
| Do you know of any other reason to the best of your knowledge why you may be unsuitable to work with children? | | | |
| <p>I confirm that the answers to these questions are true and accurate to the best of my belief and knowledge. I also understand that it is my responsibility to declare any offences or orders that may affect my continued suitability to care for children or to have unsupervised access to them.</p> <p><i>Signature:</i> _____ <i>Full Name (PRINT):</i> _____ <i>Date:</i> _____</p> | | | |
| H: JOB FLEXIBILITY | | | |
| Prepared to work: FULL-TIME (40 hours per week) <input type="checkbox"/> PART-TIME <input type="checkbox"/> If part-time please indicate preferred hours: _____ | | | |
| Details of any other work which you will continue to undertake if you are offered this Job Position: _____ | | | |
| Please provide details of any holidays you have already booked in the next six months: _____ | | | |
| If offered this Job Position, when is the earliest date you could start work: _____ | | | |
| Expected Salary: £ _____ per month gross (before NI and taxes) or per hour £ _____ | | | |

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I: REFERENCES

Please provide details of two referees who we may approach with regards to this Job Application. One must be your current or most recent employer. These referees must not be members of your family or personal friend.

| | |
|--------------------------|--------------------------|
| 1. Full name of referee: | 2. Full Name of Referee: |
| Job Title: | Job Title: |
| Company: | Company: |
| Address: | Address: |
| Email address: | Email Address: |
| Telephone: | Telephone: |
| Relationship to you: | Relationship to you: |

K: DECLARATION BY JOB APPLICANT

N.B. ANY PERSON, UPON SUBSEQUENT EMPLOYMENT, THAT IS FOUND TO HAVE KNOWINGLY SUPPLIED FALSE OR MISLEADING INFORMATION, OR HAS DELIBERATELY WITHHELD RELEVANT INFORMATION, WILL BE SUMMARILY DISMISSED.

I confirm that the information given on this form is to the best of my knowledge accurate, true and complete. I give Newpark Childcare the right to follow up all references and to make any other job-related enquiries as may be deemed necessary.

Signature: _____ Date: ____/____/____

NEWPARK CHILDCARE IS AN EQUAL OPPORTUNITIES EMPLOYER

The sole criterion for selection of applicants will be suitability for the Job Position. We do not discriminate against otherwise suitable applicants on the basis of race, colour, creed, ethnicity, nationality, religion, gender, sexual orientation, marital status, disability, age or any other basis prohibited by law.

Thank you for completing this form. The information that you provide will be handled and processed in accordance with the Data Protection Act 1998. Newpark Childcare may use it for business purposes including the prevention and detection of fraud as well as for employment purposes and administration. If you are appointed, this information will form part of your employment record and will be treated as confidential and will not be disclosed to any unauthorised person.