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| Springfield NurseryAPPLICATION FORMTHE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE |
| **Post applied for:** |  |
| **Surname name:** |  | **Title:** |  |
| **First names:** |  | **D.O.B:** |  |
| **Address:****Postcode:** |  |
| **Tel number/s:** |  |
| **Email address:** |  |
| **Are you eligible to work in the UK?** Yes 🞎 No 🞎**Do you have a full driving licence?** Yes 🞎 No 🞎**If yes, does it have any endorsements, i.e. points?** Yes 🞎 No 🞎**If yes, please specify:** |
| **EMPLOYMENT** |
| **Present Employer:** |  |
| **Post Held:** |  |
| **Date Appointed:** |  | **Salary/Hourly Rate:** |  |
| **PREVIOUS EMPLOYMENT** |
| Name – Dates From – Finish: | **Post Held:** | **Reason For Leaving:** |
|  |  |  |
| **EDUCATION** |
| **School/College/University:** | **Qualifications Gained:** | **Grade & Date Achieved:** |
|  |  |  |
| **TRAINING** |
| **Name of Body/Institute:** | **Qualification Gained:** | **Grade & Date Achieved:** |
|  |  |  |
| **RELEVANT COURSES** |
| **Course Title:** | **Name of Training Provider:** | **Date Course Attended:** |
|  |  |  |
| **HOBBIES/INTERESTS** |
|  |
| **ADDITIONAL INFORMATION YOU FEEL WOULD BE USEFUL FOR US TO KNOW ☺** |
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| How did you find out about the post? |  |
| **REFERENCES**  |
| Please give name, address, telephone number/s and email address of three referees, one of whom should be your present/most recent employer. A minimum of five years must be provided for, including any gaps in employment. 1. 2.3. |
| **CRIMINAL CONVICTIONS**  |
| The post for which you have applied is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act (ROA) 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Therefore, you are required to provide full details of all convictions, cautions and bind overs including those regarded as spent under the ROA, and any pending prosecutions. In the event of employment any failure to disclose such sentences or convictions could result in dismissal or other disciplinary action. Under arrangements for the protection of children, we will check with the police about the existence and content of any criminal record. This is a Disclosure & Barring Service Check (DBS) and will only be made on the successful applicant. Failure to declare a conviction, caution, bind over or a pending prosecution may disqualify you from appointment or result in summary dismissal. |
| Have you previously used, or do you currently use, any other surname(s)? Yes 🞎 No 🞎If YES, state the other surname(s) used:  |
| Do you have any criminal records to declare? Yes 🞎 No 🞎This includes: Prison sentence, bind-over, caution, discharge, probation, conviction, fines, community service, punishment orders, curfew, drug treatment/testing, reparation orders, compensation – spent or otherwise. Are there any current criminal proceedings against you? Yes 🞎 No 🞎Do you live with anyone who has been disqualified from working Yes 🞎 No 🞎with children?Do you have anything else to declare? Yes 🞎 No 🞎i.e. have you been the subject of any child protection investigations, including any allegations relating to abuse, bullying, intimidation, professional malpractice or misconduct?**IF YOU HAVE ANSWERED YES TO EITHER OF THE QUESTIONS ABOVE, PLEASE GIVE DETAILS ON A SEPARATE SHEET INCLUDING WHEN THIS TOOK PLACE & WHAT THE CHARGE WAS.**  |
| DECLARATION |
| **I acknowledge that an appointment if offered will be subject to satisfactory medical clearance. Currently I am in good health;****I confirm that there is nothing in place to prevent me from working with children.****I have completed this application form accurately and truthfully. I have not withheld any information that could reasonably be considered relevant to my application. I understand that the appointment, if offered, will be subject to information given on this application form being correct. Providing false information with regard to this application shall disqualify me from such an appointment, or if discovered after employment, may lead to dismissal.** **Signature ………………………………………………….. Date………………………………….** |