

Springfield Nursery APPLICATION FORM



THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE

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Post applied for:					
Surname name:				Title	:
First names:				D.O	.B:
Address:				,	1
Postcode:					
Tel number/s:					
Email address:					
Are you eligible to wo	ork in the U	K?	Yes □	No [
Do you have a full driving licence?			Yes □	No I	
If yes, does it have an If yes, please specify:	-	ments, i.e. poin	ts? Yes □	No E]
EMPLOYMENT					
Present Employer:					
Post Held:					
Date Appointed:			Salary/Hourly Rate	e:	
PREVIOUS EMPLOYME	NT				
PREVIOUS EMPLOYME Name – Dates From –		Post Held:		Reasor	n For Leaving:

EDUCATION		
School/College/University:	Qualifications Gained:	Grade & Date Achieved:
TRAINING		
Name of Body/Institute:	Qualification Gained:	Grade & Date Achieved:
DELENIANE COMPANY		
RELEVANT COURSES	Name of Tradition Duradalan	Data Causas Allereded
Course Title:	Name of Training Provider:	Date Course Attended:
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HOBBIES/INTERESTS	
ADDITIONAL INFORMATION YOU FEEL WOULD BE USEF	UL FOR US TO KNOW ©
How did you find out about the post?	
The ward year in a con about the posit.	
REFERENCES	
Please give name, address, telephone number/s c	nd email address of three referees, one of
whom should be your present/most recent employe	
for, including any gaps in employment.	
1.	
2.	
3.	
J.	

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 summandismissal.					
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? 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? i.e. have you been the subject of any child protection investigations, including any allegation 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					