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| <b>PERSONAL DETAILS</b>  |  |
| Forename:  |  |
| Surname:   |  |
| Home Address:  |  |
| Postcode:  |  |
| Telephone:   |  |
| Email Address:   |  |
| Position applied for:  |  |
| To comply with the Immigration, Asylum & Nationality Act 2006 we are required to check your eligibility to live and work in the UK.                        | Please confirm that on request you will be able to provide this evidence. Yes/No |
| Please indicate if you are a national from a Non-European Economic (EEA) country.  | Yes/No   |
| National Insurance Number:   |  |
| Do you hold a full and relevant CHILDCARE QUALIFICATION to deliver the EYFS?<br>If yes, please send a photocopy of your certificate with this application. |  |
| Qualification:   |  |
| Where Obtained:  |  |
| Date:  |  |
| Do you hold an in date paediatric first aid qualification?   | Yes/No   |
| Where Obtained:  |  |
| Date:  |  |
| Do you hold an in date food hygiene certificate?   | Yes/No   |
| Where Obtained:  |  |
| Date:  |  |
| Do you hold an in date safeguarding/child protection training?   | Please state level of training:  |
| Where obtained:  |  |
| Date:  |  |

|   |   |
|---|---|
| <b>EDUCATION</b>  |   |
| Schools/colleges attended with dates<br>Qualifications obtained with grades |   |
| PLEASE LIST ALL EMPLOYMENT FOR AT LEAST 5 YEARS INCLUDING ANY BREAKS.       | Please start with you most recent employment. |
| Employers Name and Address, Dates, Reason for Leaving/Breaks                |   |
| Are you able to read and write effectively in standard English?             | Yes/No  |
| Are you able to understand and communicate clearly in standard English?     | Yes/No  |
| Have you ever been subject to any disciplinary procedures in any capacity?  | Yes/No  |
| If yes, please give details   |   |

|   |   |
|---|---|
| <p>Due to the nature of the work, this employment is exempt from the provision of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986. All applicants must disclose details of any criminal convictions, cautions, reprimands or warnings which for other purposes may be considered as 'spent'. An Enhanced Disclosure and Barring Scheme (DBS) check will be carried out for applicants selected for appointment. Information received will be kept confidential and only used in relation to the position.</p> | <p>Have you ever had any criminal convictions, including 'spent' convictions? Yes/No</p> <p>Have you ever had any police warnings, cautions or reprimands, including 'spent' convictions? Yes/No</p> <p>Have you ever been involved in any child protection issues, concerns or allegations in any capacity? Yes/No</p> |
| <p>If yes to any of the above, please give details</p>  |   |
| <p>Do you know anyone currently employed by Little Explorers?</p>   | <p>Yes/No</p>   |
| <p>Have you worked/applied for employment at Little Explorers before?</p>   | <p>Yes/No</p>   |
| <p>If yes, when?</p>  |   |
| <p>Please study the enclosed job description and person specification and provide as much information as possible, using examples of how your skills, knowledge and experience are relevant to the position applied for, including any further education or relevant training courses attended (continue on a separate sheet if necessary).</p>   |   |
|   |   |
| <p>Please state if you have any special needs at interview:</p>   |   |

## CANDIDATE REFERENCES

You must complete the following in full. References should be from previous employers or school/college tutors; we cannot accept references from relatives.

### 1st Reference:

Name:

This referee can be contacted immediately: Yes/No

Job title:

Capacity in which they know you:

Contact number:

Contact address:

Postcode:

Email:

### 2nd Reference:

Name:

This referee can be contacted immediately: Yes/No

Job title:

Capacity in which they know you:

Contact number:

Contact address:

Postcode:

Email:

### 3rd Reference:

Name:

This referee can be contacted immediately: Yes/No

Job title:

Capacity in which they know you:

Contact number:

Contact address:

Postcode:

Email:

## PRE-SELECTION HEALTH STATEMENT

Please complete this form to comply with EYFS Welfare Requirements for Suitable People. To help you, please refer to the Job Description and Person Specification.

|   |  |
|---|--|
| Full name:  |  |
| Do you, at present, or in the past/future, have any illness or health issue which you believe may affect your ability to care for children?   | Yes/No   |
| If yes, please give details:  |  |
| Do you, at present, or in the past/ future, take any medication which you believe may affect your ability to care for children?   | Yes/No   |
| If yes, please give details:  |  |
| If you have answered yes to either of the above questions, it is required that you obtain written medical confirmation that the illness, health issue or medication will not impair your ability to care for children. This must be attached to your application form | Please sign to confirm (if required) this has been attached:     |
| Have you any other health issues, needs or requirements which have not already been mentioned?  | Yes/No   |
| If yes, please give details:  |  |
| When working with children, practitioners must not be under the influence of alcohol or any other substance which may affect their ability to care for children   | Please confirm you comply with this legal requirement.<br>Yes/No |
| Would we need to make any reasonable adjustments to support you at work so that you can fulfill the requirements of the position?   | Yes/No   |
| If yes, please give explain:  |  |

## EQUALITY OF OPPORTUNITY

We wish to ensure our recruitment procedure is free from bias. This is not compulsory, but we would be grateful if you could complete this form and return it with your application form. It will be detached from your application form on receipt and will not form part of the recruitment procedure. This information will be treated as strictly confidential and used for statistical purposes only. Thank you for your cooperation. (Please circle)

|   |  |
|---|--|
| Sex:  | Male / Female  |
| Age:  | 16-25 / 26-35 / 36-45 / 46-55 / 56-65 / 65+  |
| I consider myself to belong to the following group: | British<br>Afro-Caribbean South/Central America<br>Other European<br>Indian subcontinent<br>Pacific (Australia/New Zealand)<br>African<br>Asian<br>US/Canada Other |
| Date of birth:                                      |  |
| Are you a registered disabled person?               | Yes/No   |
| Are you a non-registered disabled person?           | Yes/No   |
| How did you hear about our vacancy?                 |  |

**I understand that if any of the information on this form changes and may affect my ability to carry out my normal duties or affect my ability to care for children, I will inform Little Explorers Day Nursery and Preschool in writing immediately.**

I declare all the above statement are true and complete. I understand that any misrepresentation will invalidate my application and, if employed, could lead to the termination of my Contract of Employment. I give permission to contact previous employers or references given, and to provide all relevant documents related to DBS and reference checks within the required deadlines.

|             |  |
|-------------|--|
| Signed:     |  |
| Print name: |  |
| Date:       |  |

|                          |  |
|--------------------------|--|
| <b>OFFICE USE ONLY</b>   |  |
| References received:     |  |
| Interview date arranged: |  |
| DBS Received:            |  |
| Employee handbook given: |  |
| Contract signed:         |  |

