

Beech Green Nursery

Beech Green Primary

St James'

Quedgeley

Gloucester

GL2 4WD

Mobile: 07725842309

Email: [info@beechgreennursery.co.uk](mailto:info@beechgreennursery.co.uk)

Website: [www.beechgreennursery.co.uk](http://www.beechgreennursery.co.uk)

# Beech Green Nursery is an Equal Opportunities Employer

### APPLICATION FOR EMPLOYMENT

Private and Confidential

##### Please complete in block capitals

Position applied for

LEVEL 3 EARLY YEARS PRACTITIONER

FOR THIS POSITION A DISCLOSURE FROM THE DBS WILL BE REQUIRED

###### **PERSONAL DETAILS**

FULL NAME: MR/MRS/MISS/MS PREFERRED PRONOUNS HE SHE THEY THEM

TELEPHONE (including code)

HOME:

WORK:

MOBILE:

Tick box if you do not wish

to be contacted at work

ADDRESS:

Email address:

###### EDUCATION AND QUALIFICATIONS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SCHOOL | DATES | EXAM | SUBJECT | GRADE |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| UNIVERSITY/COLLEGE | DATES | EXAM | SUBJECT | GRADE |
|  |  |  |  |  |

MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS

###### EMPLOYMENT HISTORY

Please list in reverse order all the organisations for which you have worked

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME AND ADDRESS OF  EMPLOYER | DATES | POSITION HELD | SALARY | REASON FOR LEAVING |
|  |  |  |  |  |

###### HEALTH

|  |
| --- |
| ARE YOU IN GOOD HEALTH? YES/NO  If no, please give further information |
| HAVE YOU EVER SUFFERED FROM A SERIOUS ILLNESS OR MAJOR OPERATION? YES/NO  If yes, please give details |

###### SUPPLEMENTARY INFORMATION

|  |
| --- |
| HOW MUCH NOTICE ARE YOU REQUIRED TO GIVE TO LEAVE YOUR PRESENT EMPLOYMENT? |

|  |
| --- |
| DO YOU HAVE ANY COMMITMENTS WHICH MIGHT LIMIT YOUR WORKING HOURS? YES/NO  If yes, please give further information |

|  |
| --- |
| ARE YOU SUBJECT TO ANY RESTRAINTS ON YOUR CURRENT OR FUTURE EMPLOYMENT? |

|  |
| --- |
| DO YOU HAVE ANY HOLIDAYS ARRANGED? |

|  |
| --- |
| ARE YOU ENTITLED TO WORK IN THE UK? |

|  |
| --- |
| WHERE DID YOU HEAR OF THIS VACANCY? |

###### ABOUT YOU

|  |
| --- |
| PLESE GIVE DETAILS OF ANY SKILLS, EXPERIENCE OR ACHIEVEMENTS WHICH MAY BE RELEVANT IN YOUR APPLICATION FOR EMPLOYMENT |

|  |  |
| --- | --- |
| Are you in good health? | YES / NO |
| Please detail any known illness or conditions which may affect your suitability to work with children: |  |

The post you have applied for is exempt from the Rehabilitation of Offenders Act (ROA) 1974 and you must disclose details of any spent or unspent cautions or convictions. Appointment to posts exempt from the ROA will be subject to the successful candidate obtaining an enhanced disclosure from the Disclosure and Barring Service to our satisfaction.

We would also ask that you also make known details of any police reprimands, cautions or warnings that are likely to be disclosed by the request of an enhanced disclosure from the Disclosure and Barring Service.

|  |  |
| --- | --- |
| Have you ever been cautioned, convicted or received a Police Reprimand or Warning? | YES / NO |
| I confirm that I am not on List 99 |  |
| I am registered with the update service and able to provide my Enhanced Disclosure number | YES / NO |
| Disclosure Number: |  |

###### REFERENCES

Please give the **names, addresses and email** of two referees who are not related to you, who we can approach for a confidential assessment of your suitability for this post.

NOTE: One of these should be a previous employer

|  |  |
| --- | --- |
| NAME, ADDRESS AND OCCUPATION | NAME, ADDRESS AND OCCUPATION |
|  |  |
| Email | Email |
|  |  |

Please tick in the box if you do not wish this referee to be contacted before an offer of employment is made.

|  |
| --- |
| If called for interview, are there any special arrangements we would need to make to assist your attendance? YES/NO  If yes, please give further information: |

DECLARATION OF APPLICANT

|  |
| --- |
| I confirm the above information is correct.  I understand that false information or deliberate omission will disqualify me from employment or may render me liable for dismissal.  I understand a Disclosure from the DBS will be required for this position.  I consent to the setting processing the information I have provided on this form in line with The General Data Protection Regulations, for the purpose of recruitment and I understand that it will be retained for as long as is necessary for the setting to comply with its statutory obligations.  Signed: ……………………………………………………. Date: ……………………………………. |