

HOBBIES & INTERESTS

Please list activities that you take part in regularly (*including membership of associations*)

How much notice does your employer require? _____

When would you be available to start? _____

OTHER

Practitioners taking medication which they believe may affect their ability to care for children should seek medical advice and only work directly with children if that advice is that the medication is unlikely to impair their ability to look after children

Do you require any special arrangements for interview? _____

YES

NO

If YES, please give details _____

EQUAL OPPORTUNITIES

We aim to be an equal opportunity employer and select staff solely on merit, irrespective of race, sex, sexual orientation, disability, age, religion or belief. To enable us to assess whether this aim is being met, it would be helpful if you could complete the Equal Opportunities Monitoring Form enclosed. This will be separated from your application when it is received, and will not be used to assess your suitability for interview.

CRIMINAL CONVICTIONS

Have you ever been convicted of any criminal offence, caution or reprimand? _____

YES

NO

If yes, please place details in a sealed envelope and attach to this application form

If the post for which you are applying will involve working with children, it is exempt from certain provisions of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended). You are not entitled to withhold information about "any" convictions. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action.

BARRING BY THE INDEPENDENT SAFEGUARDING AUTHORITY (ISA)

Are you barred by the ISA to work or apply to work with children in regulated or controlled activity under the Safeguarding Vulnerable Group Act 2006? _____

YES

NO

If you have answered 'no' to the question above, are you aware of any police proceedings which could result in you becoming barred to work or apply to work with children in regulated or controlled activity under the Safeguarding Vulnerable Groups Act 2006? _____

YES

NO

Please note that you will be disqualified for these purposes if you live in the same household as a person who is himself/herself barred or if you live in a household where a barred person is employed.

REFERENCES

Please give the details of referees dating back at least five years with no gaps. These must include your present employer. Other references may include school teacher/lecturer/business or professional people who have known you for more than two years. They must not be relatives or friends. The Childcare Corporation will not approach a referee without your permission before an offer is made.

REFEREE 1 - relationship _____

REFEREE 2 - relationship _____

Name _____

Name _____

Occupation _____

Occupation _____

Address _____

Address _____

Tel _____

Tel _____

Fax _____

Fax _____

Date _____ From _____ to _____

Date _____ From _____ to _____

REFEREE 3 - relationship _____

REFEREE 4 - relationship _____

Name _____

Name _____

Occupation _____

Occupation _____

Address _____

Address _____

Tel _____

Tel _____

Fax _____

Fax _____

Date _____ From _____ to _____

Date _____ From _____ to _____

Please indicate if you are happy for us to approach your referees before an offer is made ? YES NO

DATA PROTECTION

You agree that the personal data which you have provided on this form may be held and processed by us either by computer or manually for any purpose relating to the processing of your application and the administration of any subsequent employment, or in relation to our legal obligations or business needs. You agree that any sensitive personal data provided on this form relating to any medical conditions or disability or proceedings or alleged offences may also be held and processed for the purposes of keeping under review equality of opportunity and for ensuring our compliance with any legal obligations.

Should you not be offered a position, please indicate if you are happy for us to keep your application on file for the next six months. YES NO

I confirm that the information on this form is accurate, true and complete to the best of my knowledge and belief. I understand that if it is subsequently discovered that any statement(s) is/are false or misleading or that I have withheld any material information, this may be sufficient cause for my application to be rejected or may justify disciplinary action against me, up to and including dismissal.

Signed

Date

PLEASE RETURN COMPLETED FORM TO: