



Application Form - Alpha Nurseries Ltd

Confidential

Position Applied for:	
At which Nursery:	
Please indicate the hours you wish to work:-	
Full-time Position: yes / no	Part time Position: Pool / less than 16 hrs / 16 – 20 hrs / up to 30 hrs (Please circle the number of hours preferred) OTHER:-

1. Personal Details (Block Capitals Please)	
Surname:	Forenames:
Former surnames if different	Referred title: Dr: Mr: Mrs: Ms: Miss:
Address:	Tel. No:
	Mobile No:
	E-Mail Address
Town:	National Insurance No:
Post Code:	If you are not a British passport holder or European Citizen, or do not have the permanent right to remain in UK, you require a work permit.
Nationality	If you have a work permit, when does it expire? _____
Do you need a work permit to be employed in the UK? Yes / No	(Please note that your current permit may not be valid for this post)
Where did you learn of this post?	
Do you hold a current Driving Licence? Yes / no	Do you own your own car? Yes / No

2. Educational and Professional Qualifications

(Original documents as proof of qualification will be required at interview)

Secondary School / College / University etc	Examination taken	Result	Date From	Date To

Professional Qualification currently held:

Have you completed the following,? Please provide dates:

Pediatric First Aid	Food Hygiene	Safeguarding	Health & Safety
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Any other relevant training?

3. Present Post:

Title of Post		Salary / Grade	
Name of Employer:		Date From	
Address		Date To	
Town:		Post Code:	
Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable)			
Reason for leaving or wishing to leave:-			
Period of Notice required to terminate present employment:-			
Please notify us of dates you are available for interview:			

4. Previous Employment:

4.1 Name & Address of Employers	Position Held	Reason for leaving	Date From	Date To	Final grade / salary
Post Code					
Description of Duties					

4. Previous Employment: continued					
4:2 Name & Address of Employers	Position Held	Reason for leaving	Date From	Date To	Final grade / salary
Post Code					
Description of Duties					
4:3 Name & Address of Employers	Position Held	Reason for leaving	Date From	Date To	Final grade / salary
Post Code					
Description of Duties					
4:4 Name & Address of Employers	Position Held	Reason for leaving	Date From	Date To	Final grade / salary
Post Code					
Description of Duties					

Please continue on a separate sheet if necessary

5. Skills and experience

This section is for you to give specific information in support of your application. Please set the information out on a maximum of three sides of A4 paper. After reading the Job Description and Person Specification carefully, consider to what extent you have gained the skills and experience necessary for the post. Your experience need not have been gained in paid employment and may include special interests relevant to the post. It is important that you provide evidence of your achievements by giving examples to support your application. You may wish to use the headings in the person specification in order to set the information out clearly.

6. Other Information

What Activities outside work interest you? (State any positions held you consider relevant.)

7. References

Please ensure we have your most recent employer as your main reference and their landline telephone number.

1. Full Name:	2. Full Name:
Job Title	Job Title
Organsiation	Organisation
Address:	Address:
Tel No.	Tel. No:
E-Mail Address	E-Mail Address
Please state if we may obtain this reference before the interview YES / NO	Please state if we may obtain this reference before the interview YES / NO

8. Declaration

I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omission, this will be sufficient grounds for termination my employment.

Signature:

Date:

The information given by you on this form will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be processed solely in connection with recruitment. Information will not be passed to any other Organisation.

NOTICE TO APPLICANTS

CONVICTIONS, CAUTIONS, REPRIMANDS AND CONVICTIONS OF A CRIMINAL NATURE.

Alpha Nurseries is responsible for providing services for children and their parents. I am sure you will appreciate that they are a very vulnerable group, and it is, therefore, particularly important that we are careful to inquire into the character and background of applicants for appointment to this type of employment.

It is essential that, in making your application, you disclose whether you have ever been convicted of a criminal offence and, if so, for what offence(s) this may include any driving offences. Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Re-habilitation of Offenders 1974 (Exceptions) order 1975.

Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act, and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. The fact that conviction(s) have been recorded against you will not necessarily debar you from consideration for this appointment.

You must, therefore, answer the question below ;(Please circle "yes" or "no"). If the answer is "yes" you must give details which may, if you wish, be enclosed in a separate, sealed letter marked "confidential" and attached to the application. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies. The object of this notice is not, in any way, to reflect upon applicants` integrity but is necessary to protect the children in our care.

A copy of this notice will be sent to your referees.

You will have a satisfactory enhanced CRB check including an ISA check completed before employment can commence.

Do you have a criminal record? **Yes/ No**

State on the form any 'spent' or old cautions/convictions/reprimands. **These must be declared.**

How many offences? How long since last offence? How old were you?

Summary of offences (Please use a separate sheet if necessary)

Declaration

I confirm that all the above information is correct.

Signed..... Print Name..... Date.....

This organisation is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Alpha Nurseries Recruitment Monitoring Form

Job Ref:

As part of our Equal Opportunities policy, we are monitoring job applications to make sure discrimination on the grounds of sex, race and disability do not occur. We would be grateful if you would complete and return this form with your application.

Confidential

1. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
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2 Preferred Title	<input type="checkbox"/> Miss <input type="checkbox"/> Ms	<input type="checkbox"/> Mr <input type="checkbox"/> Dr	<input type="checkbox"/> Mrs <input type="checkbox"/> Other
Full Name	<input style="width: 95%; height: 20px;" type="text"/>		

3 Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Separated <input type="checkbox"/> Other
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4 Ethnical Origins	<input type="checkbox"/> White British <input type="checkbox"/> Black/Black British <input type="checkbox"/> Chinese	<input type="checkbox"/> White Irish <input type="checkbox"/> Asian <input type="checkbox"/> Mixed	<input type="checkbox"/> White Other <input type="checkbox"/> Asian British <input type="checkbox"/> Other
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5 Disability	Do you consider yourself to be disabled under the Disability Discrimination Act? (The Disability Discrimination Act (1995) defines disability as “a physical or mental impairment which has a substantial and adverse effect on a person’s ability to carry out day to day activities”.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what is the nature of your disability? (<i>optional</i>)	<input style="width: 95%; height: 20px;" type="text"/>

6 Age Range	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 21	<input type="checkbox"/> 22 - 24 <input type="checkbox"/> 25 - 34	<input type="checkbox"/> 35 - 44 <input type="checkbox"/> 45 - 54	<input type="checkbox"/> 55 - 64 <input type="checkbox"/> 65 +
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The information you have provided here will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be used solely to monitor the diversity of Alpha Nurseries recruitment regarding Equal Opportunity issues.