

**Post Applied for:**

Preschool Manager

Application Form

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

# Section 1 Personal details

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** |  | **Last Name:** |  |
| **First Names:** | |  | |

|  |  |
| --- | --- |
| **Address:** |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Postcode:** |  |  |
|  | | |
| **Full Home Telephone Number:** | |  |
| **Full Mobile Telephone Number:** | |  |

**E-mail address:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **National Insurance Number:** |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Are you eligible to work in the UK?** | **Yes** | **No** |

**You are required to provide evidence of the above details at your interview by bringing with you:**

* **Proof of eligibility to work in the UK (Passport / Birth Certificate etc)**
* **Driving Licence & Counterpart**

**If you require any particular arrangements when attending an interview please give details.**

**Section 2 Rehabilitation of Offenders Act**

|  |  |  |
| --- | --- | --- |
| **Have you ever been convicted of a criminal offence?** | **Yes** | **No** |
| **Have you any prosecutions pending?** | **Yes** | **No** |

If yes, please give details / dates of offence(s) and sentence:

**Section 3 Health**

**Number of days absent in the last 2 years:**

|  |  |
| --- | --- |
| **Please state number of times in the last 2 years:** |  |
|  |  |
| **Are you registered disabled?** | **YES No** |
|  |  |
| **If yes please provide your disability number and details:** |  |

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| --- | --- | --- | --- |
| **Section 4 Education and training – start with the most recent and work back** | | | |
|  | | | |
| **Date From** | **Date To** | **Name of School** | **Examinations taken and Qualifications Gained (Specify Grades)** |
|  |  |  |  |

**Section 5 Employment Record - start with the most recent and work back**

Please list chronologically, starting with current or last employer

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and Address of Employer** | **Date From:** | **Date To:** | **Job Title/Job Function/ Responsibilities:** | **Reason for Leaving** |
|  |  |  |  |  |

**Section 6 Personal Attributes**

**Use this section to add any further information which directly relates to your suitability for this position.**

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| **Section 7 References** |
| **Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. (NB. References will only be taken if you commence employment with us)** |

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| --- | --- | --- |
| **Reference 1** |  | **Reference 2** |

|  |  |  |
| --- | --- | --- |
| **Name:** |  | **Name:** |

|  |  |  |
| --- | --- | --- |
| **Their Position (job title):** |  | **Their Position (job title):** |
|  |  |  |
| **Work Relationship:** |  | **Work Relationship:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organisation:** |  | | **Organisation:** |  | |
| **Dates**  **Employed:** | **From:** | **To:** | **Dates Employed:** | **From:** | **To:** |

|  |  |  |
| --- | --- | --- |
| **Address:** |  | **Address:** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Postcode** |  | **Postcode** |

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| --- | --- | --- |
| **Telephone No:** |  | **Telephone No:** |

|  |  |  |
| --- | --- | --- |
| **E-mail:** |  | **E-mail:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 8 Declaration** | | | | | |
| **I confirm that the information provided in this application is both truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place any subsequent employment in jeopardy. I understand that any employment entered into is subject to documentary evidence of my right to work in the UK and satisfactory references. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post and may form the basis of any subsequent personnel file.** | | | | | |
|  | **Signed:** |  | **Date:** |  |  |
|  | | | | | |
|  | | | | | |