



## APPLICATION FORM

Position Applied For:

### Personal Details

Full name	
Title i.e. Mr/Mrs/Ms.	
Date of birth	
Gender	
Address	
Telephone number (daytime)	
Telephone number (evening)	
Email Address	
National Insurance Number	

Do you have a full driving licence?	Yes/ No	
Health issues. Please tell us on a separate sheet if:		
a) There are any reasonable adjustments we can make to assist you in your application		
b) There are any reasonable adjustments we can make to the job itself to help you carry it out		
Do you hold a current DBS?	Yes – please give date completed and reference number	No
Do you hold a First Aid certificate?	Yes – please give expiry date	No



## Employment History

Please supply a full history in chronological order (with start and end dates) of your employment, self-employment and any periods of unemployment since leaving secondary education. Please provide, where appropriate, explanations for any periods not in employment or training and reasons for leaving.

Present employer (or last employer if not currently employed)

Name and address of employer	Postcode:
Job title	
Date of appointment	
Date of leaving	
Reason for leaving	
What is your notice period	

Please give a brief description of your present duties and responsibilities

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Previous employment (most recent first)

Name and address of employer	From	To	Position held	Age group of children worked with

Please continue on a separate sheet if necessary.

## **Information in support of your application**

Please include any skills and experience you have acquired that can support this application whether within the working environment or outside. Please also give your reasons for applying for this position. Please continue on a separate sheet if applicable.

## References

Please give names and addresses of 2 referees who may be contacted. (One must be your current or most recent employer.) No approach will be made to your present or previous employer without your consent or before an offer of employment is made.

Name and address	Email address	Telephone No:	Title/ position or relationship to referee
Name and address	Email address	Telephone No:	Title/position or relationship to referee

Please state how you heard about Little Adventurers

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When would you be available to start work for Little Adventurers?

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## Declarations

I acknowledge that an appointment if offered will be subject to satisfactory medical clearance. Currently I am in good health.

I declare that I have not been convicted of any criminal offence spent or otherwise (the post is exempt from the Rehabilitation of Offenders Act 1974); If yes, please give details;

I confirm that to the best of my knowledge all of the above information is correct.

Signature:	Date:
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Please return this form to: [info@littleadventurersnursery.co.uk](mailto:info@littleadventurersnursery.co.uk)

Little Adventurers Daycare Nursery, 24 Severn Drive, Cranham Upminster RM14 1SW