 **Woodlands Day Nursery**

106 Weber Road, Greenham Business Park

Newbury, Berkshire RG19 6HW

Tel: 01635 33626

Email: [enquiries@woodlandschildcare.co.uk](mailto:enquiries@woodlandschildcare.co.uk)

**Staff Application Form**

**Position applied for:**\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Title:\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Full Name:\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Address:\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Post Code: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Email address:\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Telephone No:\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Mobile: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Date of Birth:\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ NI No: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Number of Dependants: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Dou you hold a current driving licence? Yes 🞏 No 🞏 Do you have the use of a car? Yes 🞏 No 🞏

Nationality:\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_Have you ever lived or worked abroad Yes 🞏 No 🞏

If yes, please provide details: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Are there any restrictions on your taking up work in the UK? Yes 🞏 No 🞏

If Yes, please provide details: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Employment**

Please use this space to tell us about your current or most recent relevant work

Post Held:

What is your notice period?

Reason for leaving/wishing to leave:

Name of employer:

Address:

Postcode:

Telephone No:

Date started:

Date left (if applicable)

Summary of current duties:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please give details of your full employment history. Also, please detail any periods of unemployment and unpaid/ voluntary work (most recent first.) Continue on a separate sheet if necessary. | | | | |
| Dates from- to | Name and address of organisation | Telephone and contact | Job/Role and brief description of main duties | Reason for leaving |

**Education**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School/ college/ University/ Awarding Body | Type of School/ Establishment (secondary, sixth form, university) | Qualifications | Grade/ Level |
|  |  |  |  |

Other Training Courses

|  |  |
| --- | --- |
| Dates | Course and duration |
|  |  |

**Referees**

Please provide details of two referees who can provide information relating to your competency in a caring role, one of whom must be your present or most recent employer (referees for qualified practitioners must be professionals).

If you have just left school, one can be a teacher. If you are applying for a post which requires unsupervised access to children, we reserve the right to approach any past employer for a reference.

|  |  |
| --- | --- |
| Referee No.1  Your current/ most recent employer |  |
| Name:  Job title:  Address:  Telephone No:  Email address:  Relationship to you: | Name:  Job title:  Address:  Telephone No:  Email address:  Relationship to you: |
| May we approach this referee prior to interview?  Yes No | May we approach this referee prior to interview?  Yes No |

**Relevant experience/further information**

|  |
| --- |
| Use the space below to demonstrate your knowledge, skills and experience. Please also tell us the way in which your personal qualities will be helpful in this job role. You may include details of other paid/unpaid work, voluntary work and work at home, committee and club experience/activities and any hobbies ect. |

**Special Requirements**

|  |
| --- |
| Do you have any mental health needs? Yes No  If yes please give details \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Do you know of any reason you may need help/support to carry out your role? Yes No  If yes please give details \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Do you have any medical needs? Yes No  If yes please give details\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Do you take any regular medication? Yes No  If yes please give details \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Do you use any recreational drugs? Yes No  If yes please give details \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Are you currently or have you been known to children’s/ social services Yes No  If yes please give details \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Because this position involves working in the environment of caring for children, employment is dependent on the following:   1. Your written consent to obtaining an enhanced disclosure certificate from the disclosure and barring service or an approved umbrella body. 2. Such disclosure being accepted by us. 3. Proof of identity – birth or marriage certificate( where appropriate) and passport ( if available) 4. Satisfactory written references received. |

**Cautions, Rehabilitation and criminal records**

|  |
| --- |
| **Declaration under the protection of freedoms Act 2012 and the childcare Act 2006**  The post for which you are applying is a ‘regulated activity’ within the meaning of part 5 chapter 1 of the protection freedoms act 2012 and it is a **criminal offence** for a ‘barred person’ to apply to work in a regulated activity. It is also an offence under section 76 of the childcare Act 2006 for a ‘disqualified person’ to work in childcare. If you are a barred or disqualified person you must not proceed with this job application.  If your application is successful, you will be required to co- operate with us in obtaining a disclosure of criminal convictions from the disclosure and barring service and in checking your status with Ofsted.  **Declaration**  Are you a barred or disqualified person? Yes No  Are you knowingly living in the same household as a barred or disqualified person or where a barred or disqualified person is employed, or do you have any outstanding criminal prosecutions or convictions that might lead to you being barred or disqualified from working with children?  Yes No If yes please give full details  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Do you have any conviction, Cautions, reprimands or final warnings that would not be filtered in line with the current guidance?  Yes No If yes please give full details  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  If you have previously had any other surname(s) or forename(s), you must declare all of them below and state the date of each change and the reason  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Signed: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Date: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |

**Declaration**

**(Please read this carefully before signing this application)**

|  |
| --- |
| 1. **I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered** 2. **Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personal file during employment and for up to six years thereafter and understand that information will be processed in accordance with GDPR.** 3. **I agree that, should I be successful in this application, I that Woodlands day nursery will need to apply to the disclosure & barring service for an enhanced disclosure. I understand that, should the disclosure not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated.**   **Signed \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Dated \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_** |

**Equal Opportunities Monitoring Form**

Woodlands Day Nursery strives through its policies and practices to achieve equality of opportunity in employment and the fair treatment of all its employees. We treat all applications for employment on their merits and do not take into consideration any factors that are not relevant to the job such as disability, race, religion or belief, marital status, gender, age, sexual orientation, ethnic or national origins, colour, or family responsibility.

**You are under no obligation to provide the following information** but by completing this form you are helping us to monitor that our policy is put into practice. **Your answers will be treated in strictest confidence, will not be divulged to any person involved in the selection process and will not affect your job application in any way.**

**Please return this form with the application form.**

Are you: Male Female (please tick the relevant box)

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 1**  Please select the national group you most identify with: | | **Question 2**  Please select the ethnic group you most identify with: | |
|  | British or Mixed British | **Asian** | |
|  | English |  | Bangladeshi |
|  | Irish |  | Indian |
|  | Scottish |  | Pakistani |
|  | Welsh |  | Any other Asian background |
|  | Other (specify if you wish) |  | |
|  |  | **Black** | African |
|  |  |  | Caribbean |
|  |  |  | Any other Black background |
|  |  | **Chinese** | |
|  |  |  | Any Chinese background |
|  |  | **Mixed ethnic background** | |
|  |  |  | Asian and White |
|  |  |  | Black African and White |
|  |  |  | Black Caribbean and White |
|  |  |  | Any other mixed ethnic background |
|  |  | **White** | |
|  |  |  | Any White background |
|  |  | **Any other ethnic background** | |
|  |  |  | Any other ethnic background |