



STAFF APPLICATION FORM

Please complete this form and return it to the Manager of The Beehive Childcare Group, Eaton Parish Hall, Colman Road, NR4 7AW, or via email to beehives@btconnect.com. Supplementary information may be attached to support your application.

The Beehive Childcare Group is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

POST APPLIED FOR:

PERSONAL DETAILS:

Surname:

First name(s)

Preferred Name

Address

Contact details: (Home No.)

(Work No.)

(Mobile)

(Email address)

Gender: Male: Female:

Date of Birth:

WORK EXPERIENCE

We would like to form a clear picture of your skills and experience. Please describe any jobs that you have had, including any regular unpaid work. Please start with your most recent employment.

You will need to include the following:

- . The name and address of each employer
- . The position you held
- . Your starting and leaving dates and your reason for leaving.
- . Your responsibilities and achievements in each job.

EMPLOYMENT HISTORY:

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Please continue on a separate sheet if necessary.

EDUCATION AND QUALIFICATIONS
(You will be required to bring your original certificates to interview)

Please give dates and name of secondary school, college / university.
List certificates, degrees and other qualifications. Include any courses attended and other specialised training or knowledge which you feel relevant to this job. Please continue on a separate sheet if required.

Title of qualification	Awarding Body	Qualification level	Grade if applicable	Date achieved.

Other training attended:

Title	Provider	Length of course	Date attended

SUPPORTING STATEMENT

Please highlight your skills and experience.

OTHER RELEVANT INFORMATION

Please include any additional information which supports your application, e.g. outside interests, hobbies or membership of community groups.

Are you related to or do you have any close relationships with any staff or committee members of The Beehive Childcare Group? Please give details below.

This post is exempt from the Rehabilitation of Offenders Act 1974. Do you have any convictions, cautions or bind over notifications, including any that would normally be regarded as spent? If so, please attach details in a sealed envelope.

I certify that I am not disqualified from work with children or subject to sanctions imposed by a regulatory body or professional body e.g. Ofsted, the General Social Care council or General Medical Council and that all information provided on the form is complete and accurate.

Signed----- Date-----

Are you financially secure? For example, not bankrupt, no personal debts/voluntary insolvency agreements.

Yes No

Please give details if applicable.

REFEREES

Please give the names, addresses and telephone numbers of two referees, one of whom should be your last or present employer. References must be supplied on headed paper. Please do not include friends or relatives. References will only be taken up if we wish to consider your application further. Your present employer will not be contacted without your permission.

Referee 1

Name:

Address:

Post Code:

Telephone number:

How does this person know you?

How long has this person known you?

Permission given: Yes: No:

Referee 2

Name:

Address:

Post Code:

Telephone number:

How does this person know you?

How long has this person known you?

Permission given: Yes: No:

ADDITIONAL INFORMATION

Please tell us if you require any additional support to attend an interview:

Are you a disabled person? Yes No Registration Number (If applicable)

Do you have any disability that may affect your ability to work in the setting, e.g. dyslexia, colour deficiency, dyspraxia or epilepsy. Please give details:

Do you require a permit to work in this country? Yes No

Have you ever been convicted of a criminal offence? Yes No
(Declaration subject to the Rehabilitation of Offenders Act)

Have you had any serious health issues in the last five years? Yes No

How much time have you had off work in the last 12 months, not counting holiday? _____

YOU ARE REQUIRED BY OFSTED TO COMPLETE A HEALTH DECLARATION FORM AND DBS WITH YOUR APPLICATION. You will be expected to pay the initial fee for your own DBS check which will be reimbursed on successful completion of the probationary period.

I CONFIRM THAT TO THE BEST OF MY KNOWLWDGE THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT AND CAN BE TREATED AS PART OF ANY SUBSEQUENT CONTRACT OF EMPLOYMENT.

SIGNED: DATE:

THIS POST INVOLVES WORKING WITH YOUNG CHILDREN PLEASE COMMENT ON WHY YOU FEEL YOU ARE SUITABLE FOR THIS PARTICULAR POST. You may wish to refer to the job description and person specification. You may wish to provide additional information to support your application.
