Little Angels Fun Club & Nursery Ltd.

Thank you for requesting an application form for a vacancy at Little Angels. We will use this form to help us decide your suitability for the job so please ensure that it is accurate and complete.

The information you provide on this form will be used in accordance with the Data Protection Act and your form will be retained for six months from the closing date. The application form of the successful candidate will form part of their employee file and may be used for a number of employment related purposes.

Please note CVs will not be accepted. All sections of the form must be completed. Late applications will not normally be considered.

Little Angels Fun Club and Nursery Ltd is committed to safeguarding children and young people. All post-holders are subject to a satisfactory enhanced Disclosure Barring Service check and rigorous recruitment checks.

Please ensure that you complete all sections of Part 1 and Part 2 of the application.

Please enclose a personal statement of no more than two sides of A4 and send the completed form with this application to: office@littleangels.info

# **Private and Confidential**

Please ensure that all sections of this application form are completed electronically in full in order for your application to be processed.

**Personal Information**

|  |  |
| --- | --- |
| Post applied for: |  |
| Full name & Title |  |
| Address:Postcode: |  |
| Tel no: |  |
| Mobile no: |  |
| Email address: |  |
| National Insurance no: |  |
| Do you have a full driving licence? yes◻ no◻Do you have any endorsements or speeding points? |

**Education** – Please give full details of your educational qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| Name & address of Institution | Detail of the qualification | Grade / level | Date achieved |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Further Education and Professional Qualifications** - Please give full details of any further educational qualifications and membership of professional organisations

|  |  |  |  |
| --- | --- | --- | --- |
| Name & address of Institution | Detail of the qualification | Grade / level | Date achieved |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Additional Training** - Please give full details of relevant training courses you have attended

|  |  |  |
| --- | --- | --- |
| Name of training provider | Name of Training course | Date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Work History** - Please list your employment history during the past 10 years, beginning with your present post, or most recent employment. Please explain any employment gaps within the 10 years and continue on a separate sheet if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name & address of employer | Date from | Date to | Position held Brief details of duties | Reason for leaving |
|  |  |  |  |  |
| Name & address of employer | Date from | Date to | Position held Brief details of duties | Reason for leaving |
|  |  |  |  |  |

**Further Information** - Please indicate on no more than two sides of A4 using no more than font size 12, your reasons for applying for the post. You are also invited to give here any additional information which you wish to have taken into account in support of your application, and to list any specialist skills, hobbies, spare time activities, interests, memberships of voluntary organisations etc.

|  |
| --- |
|  |

**References -** Please give full details of two referees one of whom should be your present/most recent employer and one or both should have experience of your most recent work in childcare. Please indicate if you do not wish for us to take references up before your interview

|  |  |
| --- | --- |
| Title: Miss / Mrs / Ms / Mr Other \_\_\_\_\_\_\_\_\_\_First Name or initial: Surname:Relationship to you:Referee's position:Full address including postcode:Telephone Number:Email Address:Contact prior to interview: Yes / No | Title: Miss / Mrs / Ms / Mr Other \_\_\_\_\_\_\_\_\_\_First Name or initial: Surname:Relationship to you:Referee's position:Full address including postcode:Telephone Number:Email Address:Contact prior to interview: Yes / No |

|  |  |
| --- | --- |
| Where did you see the post advertised? |  |
| Have you previously applied to Little Angels? | **Yes -**  if yes, when and for which post? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**No**  |
| We will not accept applications from unsuccessful candidates within 24months |

**Declaration**

|  |
| --- |
| 1. I acknowledge that if a job appointment is offered this will be subject to satisfactory references, enhanced Disclosure and Barring System (DBS) clearance and satisfactory medical clearance.
2. Currently I am in good health and should my application be successful, I understand that a check for medical fitness will be carried out by Little Angels.
3. I declare that I have not been convicted of any criminal offence spent or otherwise (the post is exempt from the provisions of the Rehabilitation of Offenders Act)
4. I declare that the information given on this form is correct and understand that on appointment any misleading statements or deliberate omissions will be regarded as grounds for dismissal.

Signature ………………………………………………….. Date…………………………………. |

|  |
| --- |
| **For office use only** |
| Shortlist / Decline with reason |  |
| Date of interview: |  |
| Panel members: |  |
| Decision with reason: |  |

Please return this application form electronically to: office@littleangels.info

|  |
| --- |
| **Additional Information** |
| We use the information you give to monitor equal opportunities. It also helps us make any necessary arrangements to meet any specific needs you may have during the application process. |
| 1. Do you have any kinds of disability? yes**◻** no**◻** prefer not to state**◻**  |
|  If ‘yes’, describe your disability |
| 2. Ethnic group |
| ◻ Asian or Asian British-Indian ◻ Asian or Asian British-Pakistani ◻ Asian or Asian British-Bangladeshi ◻ Chinese ◻ Other Asian Background ◻ Black or Black British-Caribbean ◻ Black or Black British-African ◻ Other Black Background◻ White-British | ◻ White-Irish◻ Other White Background◻ Mixed-White and Black Caribbean ◻ Mixed-White and Black-African◻ Mixed-White and Asian◻ Other Mixed Background◻ Other Ethnic Background◻ Not Known◻Prefer Not To State |
| If other, please state |  |
| 3. Religion |
| ◻ Buddhism◻ Christianity◻ Hinduism◻ Islam◻ Judaism | ◻ Sikhism◻ Other◻ None◻ Prefer Not To State |
| If other, please state |  |
| 4. Do you have any specific requirements that you would like Little Angels to consider while arranging your potential attendance at the selection events? |
|  |