



JOB VACANCY APPLICATION FORM

(Please complete in black ink)

PERSONAL DETAILS	
Mr/Mrs/Ms/Miss	Date of Birth (DD/MM/YYYY):
Forename:	
Middle Name:	
Surname:	
Address:	
Postcode:	Mobile Phone Number:
Home Telephone:	
Email Address:	
Nationality:	National Insurance Number:
Emergency Contact Name:	
Emergency Contact Number:	

Position applied for:	How did you hear of this vacancy?
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For the purpose of Equal Opportunity monitoring please tick the appropriate boxes:

Ethnic background:

White <input type="checkbox"/>	Black-Caribbean <input type="checkbox"/>	Black-African <input type="checkbox"/>	Black - Other <input type="checkbox"/>
Indian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other <input type="checkbox"/>

Please Specify 'other':

Gender: Male Female

Age: 16-17 17-21 22-29 30-39 40-49 50-59 60+

Do you consider yourself to have a disability? Yes No

EDUCATION		
Name & address of secondary school/college	Dates from/to	Qualifications & grades obtained

TRAINING

Please give details of any further training courses attended or voluntary work undertaken:

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EMPLOYMENT HISTORY

Give details for at least the last three years, current or most recent employer first:

Employer's Name, Address, Email Address and Telephone number	Position	Dates From and To (DD/MM/YYYY)	Reason for leaving
Employer's Name: Address: Email: Telephone number:			
Employer's Name: Address: Email: Telephone number:			
Employer's Name: Address: Email: Telephone number:			

Please continue on an additional sheet if necessary

REFERENCES

Please give names and addresses of two people who can verify your employment/education record and give information about your suitability for this post. One should be your present or most recent employer.

Name:	Name:
Address:	Address:
Job title:	Job title:
Telephone no:	Telephone no.
Email Address:	Email Address:

Please support your application with a statement in which you explain how you meet the requirements of the post as described in the job description. You may also wish to set out how you would draw on your experience and achievements if appointed to the post and why you are interested in working with us. Please include details of any relevant voluntary or unpaid work.

DISCLOSURE OF CRIMINAL BACKGROUND

The Rehabilitation of Offenders Act 1974 (exceptions and amendments) Order 1986 does not apply to posts where there is access to children. This means that applicants for employment, which involves working with children and young people, must disclose all their previous criminal convictions, including 'spent' convictions, bind over orders and cautions.

All disclosures of criminal background are strictly confidential. Checks are made only in connection with your application for employment with children and for no other purpose.

Disclosure of a criminal background will not necessarily debar you from employment- this will depend upon the nature of the offence(s), frequency and when they occurred.

All successful applicants will need to undergo a vetting procedure, which will include an enhanced Criminal Records Bureau check.

Have you ever been convicted of a criminal offence?	Yes []	No []
Do you live with anyone who is disqualified from working with or providing care for children?	Yes []	No []

DECLARATION

Please complete the following declaration and sign in the appropriate place below. If this declaration is not completed and signed with copies of relevant documentation your application will not be considered.

Providing false information or knowingly omitting any relevant fact about your eligibility for employment will result in your name being withdrawn from the list of candidates. If such a discovery is made after you have been appointed, then you will be liable to be summarily dismissed. If appointed you will be required to provide relevant identification such as an original copy of your birth certificate, driver's licence, utility bills and passport plus any certificates of training and if required for the post, proof of professional qualifications.

I hereby certify that all the information given by me on this form is correct to the best of my knowledge, that I have answered all questions accurately and fully and that I possess all of the qualifications, which I claim to hold.

After reading the relevant job specification I agree that I am of good health and can carry out all duties involved at Wild About Play. This includes light to moderate physical duties such as cleaning, packing and setting up toys and equipment and playing outdoor games with the children. I agree that I am suitable for the role by being a committed, reliable and trustworthy employee.

Signature: _____

Date: _____

Online CRB (DBS)

If you are offered a job with us you must apply for your DBS using the online link given. **YOU MUST THEN APPLY FOR THE DBS UPDATE SERVICE** within 10 days otherwise you will be liable for any additional DBS costs incurred. Wild About Play will pay for your DBS check providing you work for us for up to at least a 12 week period.

HEALTH DECLARATION

Please answer the following questions. Answering yes will not necessarily exclude you from being offered a job with us however, if it is found that you did not answer honestly then Wild About Play reserves the right to terminate your contract.

Any person applying for the post of Manager will also be required to complete a medical consent form from Ofsted.

1. Do you suffer from any medical conditions, which significantly affect any of the following:

	Yes	No		Yes	No
Sight?			Climbing Stairs?		
Hearing?			Bending?		
Walking?			Lifting/Carrying?		

2. Are you currently taking any medication or having treatment from a doctor, hospital or any other medical practitioner?
 Yes [] No []

If yes, please give brief details:

3. Have you suffered from any of the following:

	Yes	No		Yes	No
Depression, anxiety or stress related illness? (Please state which here):			Back, neck or problems with joints, arms or legs?		
Blackouts, fits, epilepsy or faints?			Alcohol or drug dependency or misuse?		
Diabetes?			Do you drink alcohol? If Yes, how much per week?		
Breathing difficulties, including asthma?			Do you smoke?		

I declare that to the best of my knowledge the answers given to the questions above are full and correct.

I will discuss any Health issues with the Manager if I believe they may at times affect my attendance or duties as an employee. If I am taking any medication I discuss this with my Manager and gain confirmation from my Doctor that I am still suitable to work with children.

Signature: _____ Date: _____