

APPLICATION FOR EMPLOYMENT

Position Applied for: _____

PERSONAL DETAILS

Surname		Other Name(s)	
Home Address			
Telephone Number		Email Address	
To satisfy the strict guidelines issued by the Department of Health on the ratio of staff to children, Nursery Practitioners must be aged 17 years and over. Are you 17 years old or over?			Yes
If you are not yet 17, please tell us when you will reach that age.			No
		Month	Year

EMPLOYMENT HISTORY

Please provide details of your employment history, starting with your current or most recent role.

Job Title	
Employer Name	
Employer Address	
Start Date	Rate of Pay
Summary of Duties	
End Date	Reason for Leaving
Job Title	
Employer Name	
Employer Address	
Start Date	Rate of Pay
Summary of Duties	
End Date	Reason for Leaving

Job Title	
Employer Name	
Employer Address	
Start Date	Rate of Pay
Summary of Duties	
End Date	Reason for Leaving

Job Title	
Employer Name	
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Start Date	Rate of Pay
Summary of Duties	
End Date	Reason for Leaving

Job Title	
Employer Name	
Employer Address	
Start Date	Rate of Pay
Summary of Duties	
End Date	Reason for Leaving

Please continue on a separate sheet if necessary, ensuring you provide all the details requested above for each of the previous roles you have held.

EDUCATION AND TRAINING

Secondary Education

Name and Address of School	Dates		Subjects	Grades
	From	To		

Further Education

Name and Address of College/University	Dates		Type of Course and Subjects	Qualification / Class of Degree
	From	To		

Professional, Technical and Occupational Training

Employer, College or Institute	Dates		Details of Training and Subjects Studied	Qualification Gained
	From	To		

PERSONAL STATEMENT

Please detail how you feel you meet the criteria for the role and provide any other information you consider relevant in support of your application. Please continue on a separate sheet if necessary.

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REFERENCES

Please provide details of two people who are prepared to act as referees. These people must not be family members and one must be your current or most recent employer. Please note that your referees may be contacted prior to interview unless you specifically ask us not to.

Name	Name
Address	Address
Telephone Number	Telephone Number
Email Address	Email Address
Relationship to you	Relationship to you

How did you hear about this position? Please state the full name of the person if referred by a Stars employee.

REHABILITATION OF OFFENDERS

The Rehabilitation of Offenders Act 1974 allows certain people to consider their criminal convictions as 'spent' meaning that they don't have to reveal those convictions when applying for jobs. This job is exempt from the provisions of the Act in order to protect the public. As such you need to inform us of any criminal convictions you have received. Any of the information you give us will be treated as confidential and will not necessarily mean that your application will not be successful.

Have you ever been convicted of a criminal offence?	Yes	No
If yes, please give details:		

AVAILABILITY

	Morning	Afternoon
	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

DECLARATION

I hereby confirm that the information I have provided in this application is, to the best of my knowledge, accurate and true. I understand that if I give any false or misleading information that my application may be rejected or, if I am offered a job, it might lead to dismissal from Stars Day Nurseries Ltd.

Signature

Date

Thank you for your application to join the Stars Day Nurseries Ltd team.

Stars Day Nurseries Ltd is an equal opportunities employer and is committed to ensuring that our recruitment process is open, fair and not influenced by irrelevant considerations. To that end, you are asked to complete an Equal Opportunities Recruitment Monitoring Form which will not be shared with those involved in the selection process.

Strictly Private and Confidential

EQUAL OPPORTUNITIES MONITORING FORM

Position Applied for: _____

Surname	Other Name(s)
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Stars Day Nurseries Ltd recognises and promotes the benefits of a diverse workforce and is committed to encouraging equality and diversity. This section of the application form will be detached and used solely for monitoring purposes.

In each of the following sections, please tick the option that describes you:

AGE

- 16 – 17 years
 18 – 20 years
 21 – 24 years
 25 – 34 years
 35 – 44 years
 45 – 54 years
 55 – 64 years
 65+ years
 Prefer not to say

GENDER

- Male
 Female
 Prefer not to say

ETHNICITY

Asian or Asian British

- Bangladeshi
 Indian
 Pakistani
 Other Asian background

Black or black British

- African
 Caribbean
 Other black background

Chinese or other ethnic group

- Chinese
 Other ethnic group

Mixed race

- White and Asian
 White and Caribbean
 White and black African
 Other mixed background

White

- | | | |
|---|--------------------------------|---|
| <input type="checkbox"/> British | <input type="checkbox"/> Irish | <input type="checkbox"/> Other white background |
| <input type="checkbox"/> Other mixed background | | |
| <input type="checkbox"/> Prefer not to say | | |

If you have ticked 'other' in any category, please specify your ethnicity

RELIGION OR BELIEF

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Other | <input type="checkbox"/> No religion/belief | <input type="checkbox"/> Prefer not to say |

If you have ticked 'other', please specify your religion/belief

SEXUAL ORIENTATION

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Gay woman/lesbian | <input type="checkbox"/> Gay man |
| <input type="checkbox"/> Heterosexual/straight | <input type="checkbox"/> Prefer not to say | |

DISABILITY

The Equality Act defines disability as 'a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities.' Long term in this context means likely to last longer than 12 months or likely to recur.

Do you consider yourself to have a disability as defined by the Equality Act?

- | | | |
|--|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Prefer not to say | | |