

Brooklands Childcare Application for Employment

Personal Information

Surname: (Mr/Mrs/Ms/Miss)	Forenames:
Address:	Maiden Name (if applicable)
	Age:
	Date of Birth:
	Tel No. (Home):
	E-mail address:
	Mobile No:
National Ins. No:	

Position applied for:			
<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> Brooklands House Market Street Hindley Wigan WN2 3AA 01942 760044	<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> First Avenue Hindley Wigan WN2 3EB 01942 760055	<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> Rose Hill Wigan Road Ashton-in-Makerfield Wigan WN4 0BS 01942 760066	<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> Montrey Crescent Garswood Nr Wigan WN4 0TT 01942 760077
Contact Name:	Contact Name:	Contact Name:	Contact Name:

Educational Information

Secondary Schools; Colleges; University	Dates		Examinations taken	Date	Result
	From	To			
Professional Qualifications or other relevant Educational or Training Courses currently held: how obtained, grade and date					

Present Employment (if applicable)

Title of Post:	Salary:
Name & Address of Employer:	Business of Employer
	Date Commenced:
	Date ended (if applicable)
Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable)	
Reason for leaving or wishing to leave:	
Period of notice required to terminate present employment:	

Previous Employment (if applicable)

Name & Address of Employers	Position held	Dates		Reason for leaving and final grade/salary
		From	To	

Relevant Experience

Please say why you are applying for this post, outline aspects of your experience and give details of any particular achievements or distinctions which you consider relevant to this application. Please use a continuation sheet if necessary.
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Where did you see, or how did you hear the position advertised?

Other Information

What activities outside work interest you? (State any positions held you consider relevant)

Do you hold a current driving licence? YES/NO	Do you own a car? YES/NO
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Health Please state the number of days sickness absence in the last 2 years: (NB: Successful candidates will be required to complete a full medical questionnaire)

Disability Discrimination Act 1995 Are there any adjustments which you think we could make to overcome a disability in relation to the essential requirements of this job? YES/NO If Yes, please provide further details (use a continuation sheet if necessary):
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Rehabilitation of Offenders Act 1974 Please note: All posts at Brooklands Childcare meet the exemption requirements under this Act, therefore, all applicants who are offered employment will be subject to a Criminal Record Check before the appointment is confirmed. This will include all spent convictions, cautions, reprimands or final warnings Please declare all convictions on a separate sheet and tick this box if doing so <input type="checkbox"/>
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References

Names and addresses of two referees, one of whom should be your current or most recent employer:	
Tel No: Email Address:	Tel No: Email Address:
Please indicate if we may contact them prior to interview YES/NO	
Please state your maiden name if applicable	

Declaration

I declare that the information given is true and correct. I give my consent to my referees being contacted as indicated and for details of any sickness absence over the last 2 years to be obtained. Signed Date Name

Thank you for completing this application form.
Please return it to the appropriate Nursery Manager at the address marked.