

Blackberry Lane Pre-School & Nursery



Edinburgh Close, Cowes, Isle of Wight, PO31 8HF **Tel**: (01983) 298344 **Email**: blackberrylane@btconnect.com

Job Application Form

Please complete this form in type or black ink. All question	s must be answered in the boxes provided.			
Post:	Closing Date:			
First name(s):	Surname:			
Address:				
	Post Code:			
Home Telephone Number:				
Can we ring you at work? YES/NO E-mail A				
Please give the names and addresses of two seeds	who can verify or confirm your employment record. One			
should be your present or most recent employer. The	referees should be your immediate line manager, if this is			
not the case please give details of relationship.	Name			
Name:	Name:			
Position:	Position:			
Address:	Address:			
Tel:	Tel:			
Verification is normally sought after interview. Please indication interview. YES/NO	ate whether your references can be approached before the			
interview. TESINO				
Only complete this section if the job description ind Rehabilitation Act 1974.	licates that the post is exempt from the provisions of the			
Have you ever been convicted of any criminal offence? Y	ES/NO			
If YES, please give details of the conviction(s) and date(s) in the space provided below:				
Do you need a work permit to work in the UK? YES/NO	National Insurance Number:			
20 you hood a work pointing to work in the ork: TEO/NO	Tational modulino Humbon			

Qualifications Achieved:				
Secondary Schools, Colleges, Universities	From:	То:	Brief Details of Courses:	Grade:
Colleges, Offiversities				
Ct d				
Study currently being undertaken: Secondary Schools	From:	To:	Brief Details of Courses:	Grade:
Colleges, Universities			2.10. 20140 0. 004.000.	
Professional or other qualifications, a	nnranticachine r	mamharchine	of professional organisations:	
Trolessional of other qualifications, a	ppremiceships, i	nembersnips	or professional organisations.	
Other training you have received w	hich you consi	der relevant:	:	
3,	•			
DISABILITY OR HEALTH PROBLE		ECLUDE FU	LL CONSIDERATION FOR THE J	OB AND APPLICATION
FROM DISABLED PERSONS ARE I	WELCOMED.			
Health				
	-1.40 11			
Please give number of sick days in la	st 12 months			
Please give number of separate occu	rrences of illness	s in last 12 m	onths	
<u> </u>				
Do you have a driving license?		Dovoub	ave reasonable access to public to	enenort? VEC/NO
Do you have a driving licence? YES	S/NO	טט you n	ave reasonable access to public tra	ansport? YES/NO

Do you have access to a vehicle? YES/NO

Employme	nt:				
Current/mo	st recent emp	loyer:			
Address:					
			Pos	st Code:	
Date Starte	d:	Until:			
	iption of Dutie				
21101 20001	phon of Butto	s:			
Reason for	leaving:				
Other emp	loyment/care	er history starting with most recent:			
a separate	sheet of pape	vorking with children, please give full emp r if necessary).	pioyment history, ac	counting for any gaps (please contin	ue or
From:	То:	Employer:	Post:	Reason for Leaving:	
		Name and Address:			
Please giv	e details of o	ther interests, including involvement i	n voluntary organ	isations which you consider releva	ant:
giv	Please give details of other interests, including involvement in voluntary organisations which you consider relevant:				

Experience/Relevant Skills

	Having read the job description and person specification, please state how your experience and achievements to date would make you a suitable candidate for this post. If you need to continue beyond these pages of the form please use the same size white paper.
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Declaration	
Declaration	
	particulars may be subject to check. I understand that any false, inaccurate or incomplete information could , disciplinary action or a withdrawal of any offer of employment.
I doctore that the i	information given on this form is to the best of my knowledge correct and complete and can be treated as par
of any subsequen	t contact of employment.
	the Pre-school may process, by means of a computer database or otherwise, any information which I provide se of employment with the Pre-school.
to it, for the purpo	of on proyment with the title concent
Signature:	Date:
Please return via	email or in an A4 sized envelope marked 'CONFIDENTIAL'; to:
Pre-school	Name: Mrs Debbie Gibson, Address: Registerry Lens Pro School
	Address: Blackberry Lane Pre-School
	Edinburgh Close Cowes, Isle of Wight, PO31 8HF
	Cowes, isie or wight, i Ost or ii

EQUAL OPPORTUNITIES

We are committed to Equal Opportunities in Employment. As part of this policy, all applicants for employment are requested to complete this section for the purposes of monitoring the policy and it will be separated from your application. The information it contains will not be used in deciding whether or not to invite you to interview or offer you employment. As an Equal Opportunities Employer, we aim to ensure that no job applicant or employee receives less favourable treatment on the grounds of age, sex, race, colour, marital status, religion, ethnic origin, nationality or sexual orientation. Please help us to achieve our main aim by completing the following questions:

Position applied for:						
		ıll:				
Date of birth:						
If you are invited to a	attend for interviev	w or to take up employ	ment, and requ	iire special	arrangements, pleas	e give details below:
Gender:						
Male			Fer	nale:		
Disability:						
Do you consider you	rself to have a dis	sability?	Yes		No	
		Vaa		No. 🗆		
Are you registered d	isabled?		Yes		No	
I would describe my race or ethnic origin as (please tick appropriate box):						
White British		White Irish			White Other	
Black African		Black British			Black Caribbean	
Black Other						
Bangladeshi		Chinese			Indian	
Pakistani		Other				
(Please give the nam	How did you find out about this vacancy? (Please give the name of the newspaper/journal/website) I consent to the Pre-school holding the data in the equal opportunities section of this form.					
Signature of application	ant:				Date:	