

**Please complete and return this form by email to** **tina@childmindinguk.com**

**Application Form**

**Part A**

Job applied for: Childminding UK Consultant

Personal details

Surname First name(s)

Previous names used

Preferred name

Address

Postcode Telephone number(s)

Email

National Insurance number

Do you have any criminal convictions other than those which are spent under the terms of the Rehabilitation of Offenders Act 1974? Yes ❑ No ❑

If yes please give details

**Any future job offer will be conditional upon DBS clearance**

In relation to any disability, would you require any special facilities or assistance if short-listed to attend an interview? Yes ❑ No ❑

If yes, please give details

**Childminding UK**

**Application form part B**

Application number (office use only)

**Education and Qualifications**

List vocational, professional and educational qualifications held. You will be required to produce evidence of these qualifications if called for interview.

Most recent first.

|  |  |
| --- | --- |
| Secondary school / college / institute | Qualification, include date and grades achieved |
|  |  |

Summary of other relevant training (CPD) completed within the last 5 years

|  |  |  |
| --- | --- | --- |
| Dates | Title of course | Result |
|  |  |  |

Application form part B (cont’d)

Employment history

**Give details of previous employment (most recent first). Please indicate all paid and voluntary work and time spent out of employment since leaving full time education. You may be asked to account for any gaps.**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates | Name of Employer | Full time or part time (specify number of hours if part time) | Job Titles and Duties (in brief) |
|  |  |  |  |

Application form part B (cont’d)

Current or most recent employment

Name of Employer

Address

Postcode

Position held (please specify full time or part time hours)

Date appointed

Reason for leaving (if no longer employed)

Notice period required

Please give a brief description of the main duties of this post.

Application form part B (cont’d)

**Supporting statement**

**Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please explain how your skills, experience and knowledge meet the requirements for this post as summarised in the person specification. Please do not send us your CV, as this will not be considered as part of the application.**

|  |  |
| --- | --- |
|  | Leave blank for office use |

Application form part B (cont’d)

**Other details**

Are you able to travel freely between locations? Yes/No

Do you have a current full driving licence? Yes/No

If not, does your driver have a current full driving licence? Yes/No

Are there any restrictions on you taking up employment in the UK? Yes/No

If yes, please provide details

Are you able to attend evening and weekend meetings and events? Yes/No

**References**

Please give the names, addresses and contact details for two referees (not relatives, or people with whom you live). One should be your present or most recent employer, if you have been in employment. We may need to ask you for further references.

|  |  |
| --- | --- |
| A. First referee’s full name | B. Second referee’s full name |
| Job Title | Job title |
| Address | Address |
| Postcode | Postcode |
| Telephone number | Telephone number |
| Email address | Email address |
| Relationship to you*Employer / colleague / tutor / neighbour / etc* | Relationship to you*Employer / colleague / tutor / neighbour / etc* |
| We will only approach referees for successful applicants | We will only approach referees for successful applicants |

**Declaration** (please read this carefully before sending your application)

1. I confirm that the information provided in this appliction is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor.

I agree that the organisation reserves the right to require me to undergo a medical examination.

1. I agree that, should I be successful in this application, I will, if required, apply to the Disclosure and Barring Service for a Disclosure and Barring Certificate. I understand that if I should fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

**By submitting your application by email you are confirming that you agree to the above conditions.**