

Application Form

Applicant Surname (CAPITAL LETTERS):

Please return your completed application form to:

Simona Dobrin
Managing Director
1st Friends Nursery
100 High Street,
Canvey Island,
Essex, SS8 7SQ

Or via email: info@1stfriendsnursery.co.uk

Thank you for your interest in this post.

The following information is necessary to ensure that full consideration can be given to all candidates. The information given will be treated as confidential.

Please complete the application form in black ink or type and ensure you complete all the sections. The Declaration must be signed and can be found on the reverse of this form.

If you have any special requirements and/or require reasonable adjustments to enable you to complete this form and/or during the recruitment process please contact the school office.

Section 1

Post Details

Application for appointment as: _____

Nursery: _____

Reference no. (if applicable): _____

Closing date: _____

Section 2

Personal Details

Title: _____ First name: _____

Last name: _____ Previous name: _____

Date of birth: _____ Home telephone no: _____

Work telephone no: _____ National insurance no: _____

Home email address: _____

Work email address: _____

Address: _____

Do you have the right to work in the UK?

Yes

No

Section 3

Present Employment (if currently employed)

Employer's name and address (if applicable):

Nature of business: _____

Current post title: _____ Date appointed: _____

Grade/salary range: _____ Current salary (£): _____

Notice required: _____ Allowance(s)
received type(s): _____

Reason for leaving: _____

Please tick the box if you do not wish to be contacted at work

Section 4

Brief outline of duties in your current or most recent job

Section 5

Previous Employment

Please include all full time and part time positions. Please list the most recent first and continue on a separate sheet if necessary.

Section 6

Breaks in Employment History

If you have had any breaks in employment since leaving school, give details of these periods and your activities during these times e.g. unemployment, career break, voluntary work, training.

Start date	End date	Reason for break

Section 7

Ability to travel (if required)

Do you have a valid driving licence? Yes No

Do you have access to a vehicle which you are able to use for work purposes? Yes No

If not, are you able to travel, for work purposes, by another means of transport? Yes No

Section 8

Secondary School Education (please list most recent first)

Education Establishments	From	To	Qualification/Subject obtained and awarding body	Grade	Date

Continuing Education (University/College/Apprenticeships etc.)**Section 9**

Please list most recent first.

Education Establishments	From	To	Qualification/Subject obtained and awarding body	Grade	Dates

Section 10**Professional Qualifications**

Including details of professional association membership

Do you hold a Qualified Teacher Status (QTS)?

Yes No

Teacher Reference Number:

If yes please complete the following:

Date NQT/Early Career Teacher Statutory Induction Period completed (if qualified since August 1999)

Started: _____

Completed: _____

Section 11**Other relevant training and development activities attended in the last five years**

Please list the most recent first and continue on a separate sheet if necessary.

Brief description/Course title	Date	Organising Body

Section 12

Information in support of this application

Please use the person specification as a prompt to describe the experience, skills, competencies and qualifications that make you suitable for this job. These may have been gained from your work experience, any voluntary or community work or any other organisation you may have been involved with. You should ensure that any information submitted reflects your experience relating to the competencies that are detailed in the Person Specification (please continue on a separate sheet if necessary). If you are a teacher, please provide details of any specialist teaching experience/skills you possess that may be relevant to the post.

Section 13

References

Please give the name and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. In the case of school references, this should be the Headteacher (or the Chair of Governors for Headteacher applications). Applicants must ensure referees consent to be contacted and for reference information to be held for a period of 6 months.

1) Name: _____ 2) Name: _____

Address: _____ Address: _____

Position: _____ Position: _____

Telephone number: _____ Telephone number: _____

Relationship between referee and applicant: _____ Relationship between referee and applicant: _____

Period of time applicant known to referee: _____ Period of time applicant known to referee: _____

Email: _____ Email: _____

Note: (i) Referees will be contacted before interviews.

- (ii) If either of your referees know you by another name please give details.
- (iii) The school may contact other previous employers for a reference with your consent.
- (iv) References will not be accepted from relatives or from people writing solely in the capacity of friends.

Section 14

Close Personal Relationships

Are you a relative or partner, or do you have a close personal relationship with, any employee, Trustee or Governor of the establishment to which your application is being made (or to any County Councillor or employee of Essex County Council)? If 'yes', please state the name(s) of the person(s) and relationship (see notes below).

_____ Yes No

Failure to disclose a close personal relationship as above may disqualify you. Canvassing of Governors, Trustees, County Councillors or senior Managers of the School/Essex County Council by or on your behalf is not allowed.

Section 15

Disclosures

Shortlisted candidates will be asked to complete a Self-Disclosure Form (SD2) to disclose whether:

- they have any unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974; or
- they have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020.
- they are subject to any prohibitions relevant to the role.

The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered 'protected'. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account. Guidance notes are available to accompany the SD2 form to assist candidates with information which must be disclosed. Any information disclosed will be treated in the strictest confidence.

Where appropriate for the role, a disclosure/status check will be sought from the Disclosure and Barring Service (DBS) in the event of a successful application, along with other relevant pre-employment checks.

Shortlisted candidates applying for a relevant post in a school setting covered by the Childcare (Disqualification) Regulations 2018 ("the Regulations") will be asked to complete a Disqualification Declaration Form.

A disqualified person may only be employed in a relevant post if they obtain a waiver from Ofsted. A copy of the Disqualification Declaration Form is available from the school office if you wish to review this Form prior to submitting your application.

Safer Recruitment Declaration

It is unlawful for a person who is barred from working with children to apply to work in a regulated position.

I certify that I am not disqualified from working with children or subject to any sanctions imposed by a regulatory body which would prohibit or restrict me from applying for this post.

Data Protection

I acknowledge that by completing this form the school will hold and process personal data (including special categories of data e.g. information about health) about me in line with their data protection policy. I acknowledge that the school will use/process this information for the duration of the recruitment process. I acknowledge this information will only be shared in line with the Privacy Notice.

If I am the successful applicant, I acknowledge that this information will be retained in line with the school's retention schedule. If I am not the successful candidate, I acknowledge this information will be retained by the school in a secure electronic/paper system for no longer than 6 months from the date of the appointment of the successful candidate.

All forms submitted (in paper or electronic format) will be held securely by the school in line with their data protection policy.

Declaration and Signature

Please read the following statement and information relating to your application carefully.

By ticking the box below, signing and submitting this form you are certifying that the information you have supplied is accurate and confirming that the declarations are true to the best of your knowledge. Any false information will result in the withdrawal of any offer of employment or, in the event of employment, in disciplinary investigation by the school which may result in dismissal.

I certify that the information I have supplied on this form is accurate and true to the best of my knowledge.

Name: _____

Date: _____

Signed: _____

If this form is submitted electronically you may be asked to sign a physical form if your application is progressed.

Thank you for applying for this post and your interest in working for this school. It is not our normal practice to acknowledge receipt of applications.

How did you hear about us?

1st Friends Nursery Website

Social Media

Social media

Department of Education

Essex School Jobs

Job Centre

Other:

Recruitment Monitoring Information

Post title: _____

We are committed to ensuring that applicants are selected on the basis of their skills/attributes relevant to job. In accordance with our Equality & Diversity Policy, we provide equal opportunities to any employee or job applicant and will not discriminate either directly or indirectly because of race, sex, sexual orientation, transgender status, religion or belief, marital or civil partnership status, age, disability, or pregnancy and maternity. In order to monitor how successful this policy is we monitor all job applications. This information will help us to ensure that our policies and procedures are effective in avoiding discrimination and promoting equal opportunities in recruitment.

There is no obligation on you to provide this information. All applicants will be treated the same regardless of whether or not they provide this information. All information will be treated in confidence and will not be seen by the shortlisting panel. The information provided on this form will be converted into anonymised data, stored separately from your application form and only used to provide statistics for monitoring purposes. If you do not wish to answer any of the questions you can select the "prefer not to say" option.

1. Age			
<input type="checkbox"/> 15 – 19	<input type="checkbox"/> 20 – 24	<input type="checkbox"/> 25 – 29	<input type="checkbox"/> 30 – 34
<input type="checkbox"/> 35 – 39	<input type="checkbox"/> 40 – 44	<input type="checkbox"/> 45 – 49	<input type="checkbox"/> 50 – 54
<input type="checkbox"/> 55 – 59	<input type="checkbox"/> 60 – 64	<input type="checkbox"/> 65 – 69	<input type="checkbox"/> 70+
Prefer not to say			
2. Gender - Which of the following describes how you think of yourself?			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say
3. Marital Status			
<input type="checkbox"/> Married (opposite sex)	<input type="checkbox"/> Married (same sex)	<input type="checkbox"/> Civil partner	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Divorced	<input type="checkbox"/> Single	<input type="checkbox"/> Other:	
4. Sexual Orientation			
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay man	<input type="checkbox"/> Gay woman / lesbian	<input type="checkbox"/> Heterosexual
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Other, please specify:		

5. Ethnic Origin a. White:

<input type="checkbox"/> British	<input type="checkbox"/> Welsh	<input type="checkbox"/> Northern Irish	<input type="checkbox"/> Scottish
<input type="checkbox"/> Irish	<input type="checkbox"/> Other, please specify:		

b. Mixed

<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> White & Black African	<input type="checkbox"/> White & Asian
<input type="checkbox"/> Other, please specify:		

c: Asian, Asian British, Asian Black, Asian Scottish or Asian Welsh:

<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Other, please specify:		

d: Black, Black British, Black English, Black Scottish or black Welsh:

<input type="checkbox"/> Caribbean	<input type="checkbox"/> African
<input type="checkbox"/> Other, please specify:	

e: Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other ethnic group:

<input type="checkbox"/> Chinese	<input type="checkbox"/> Other, please specify:
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f: Other ethnic group

<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Other, please specify:
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6. Religion or Belief

<input type="checkbox"/> No 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"/> Prefer not to say
<input type="checkbox"/> Other, please specify:			

7. Disability

Before ticking the appropriate box below please read the definition of disability.

The definition of disability, as outlined in the Equality Act 2010 is as follows: “a physical or mental impairment which has a “substantial” and “long term” negative effect on a person’s ability to carry out normal day-to-day activities”.

To be protected under the Act:

- An individual must have an impairment which can be physical or mental.
- It has to be substantial, that is something more than minor or trivial.
- It needs to be long term i.e. the impairment has lasted or is likely to last in total for at least twelve months or more, or is likely to last for the rest of the life of the person affected (long term includes conditions which fluctuate or may recur such as cancer, HIV/AIDS and multiple sclerosis) **and**
- It must affect their day-to-day activities on a regular basis (day-to-day activities includes things such as reading, lifting and carrying objects, personal care, shopping, meeting and communicating with people).

Do you consider yourself to have a disability?

Yes

No

Prefer not to say

Data Protection

I hereby acknowledge that the data provided on this form will be anonymised and then collated and held in a central electronic file/format within a period of 4 working weeks, after which time this form will be destroyed. I acknowledge that the data is collated for the purposes of equal opportunities monitoring and will be processed in accordance with the Data Protection Policy. I acknowledge that information about how my data is used is provided in the Recruitment Monitoring Form Privacy Notice.

Signed: _____ Date: _____

