

D: PERSONAL INFORMATION

<i>Have you ever been charged/cautioned for an offence?</i>	<i>Yes</i>	<i>No</i>
<i>If "YES", please give details:</i>		
<i>Do you have a police/criminal record</i>	<i>Yes</i>	<i>No</i>
<i>If "YES", please give details:</i>		
<i>Are you willing to undergo a criminal record check (this is a requirement under The Children Act 1989), and for a copy of the check to be retained on file?</i>	<i>Yes</i>	<i>No</i>
<i>Do you have any other commitments that may prevent you from carrying out your work?</i>	<i>Yes</i>	<i>No</i>
<i>If "YES", please give details:</i>		

E: PAST EMPLOYMENT / WORK EXPERIENCE

<i>Employer's Name:</i>	<i>From:</i>		<i>To:</i>	
<i>Address:</i>	<i>Nature of employment / duties:</i>			
<i>Tel:</i>				
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<i>Tel:</i>				

<i>Has your previous contract of employment ever been terminated early?</i>	<i>Yes</i>	<i>No</i>
<i>If "YES", please give details:</i>		
<i>Describe briefly one of your most rewarding experiences, whilst working with children:</i>		
<i>Describe briefly one of your worst experiences, whilst working with children:</i>		
<i>Describe briefly how these experiences may influence your approach to working with children:</i>		
<i>If you had to choose one quality, essential for those working with children, what would it be? Briefly explain why:</i>		
<i>Describe briefly your level of ICT literacy (e.g. use of computers, word-processing, use of till / PDQ machines, email, accessing websites, use of telephones etc.)</i>		

F: OTHER ESSENTIAL INFORMATION

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	<i>Yes</i>	<i>No</i>
<i>(Optional) Please give any other relevant information to support your application:</i>		

G: REFERENCES

Please provide the names, addresses and telephone numbers of two referees. One should be an independent person who has known you for a minimum of three years; the other should be either an educational establishment or from your previous employment / work experience.

Referee's Name:

Company Name:

Position in Company / Relationship to you:

Address:

Postcode:

Tel:

Referee's Name:

Company Name:

Position in Company / Relationship to you:

Address:

Postcode:

Tel:

I confirm that, to the best of my knowledge, all the information in this application form is accurate and I agree to notify the Management of any change immediately.

PRINT NAME

DATE

SIGNATURE

