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APPLICATION FORM FOR EMPLOYMENT

JOB VACANCY DETAILS

Vacancy applied for _____

Vacancy Number (if known) _____

Where did you see the advert _____

PERSONAL DETAILS

Title _____ Date of Birth _____

First Name/s _____

Surname _____

Address (including postcode) _____

Daytime Telephone Number _____

Evening Telephone Number _____

Mobile Telephone Number _____

National Insurance Number _____

Email Address _____

Ethnic Origin _____

Education and Training (starting with most recent)

| School/College/university etc | From - To | Qualifications/Courses |
|--------------------------------------|------------------|-------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Education and Training (cont)

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Do you hold a current UK passport or UK ID card (please circle) YES NO

Do You hold a Full Driving Licence (please circle) YES NO

General Comments

Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarized in the person specification).

CAUTIONS, REHABILITATION AND CRIMINAL RECORDS

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely

confidential and will be considered only in relation to this application.

In addition you are required to submit to a Criminal Records Bureau check. Any standard or enhanced disclosure made by the CRB/SCRO will remain strictly confidential.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? YES/NO (delete as required)

If YES, please give details

Do you consider yourself disabled under the Disability Discrimination Act
(please circle)

YES

NO

Do you require any special arrangements for an interview (please circle)

YES

NO

If yes please give details _____

HOBBIES & INTERESTS

REFERENCES

Please provide details of two referees who can provide information relating to your competency in a caring role, one of whom must be your present or most recent employer (referees for qualified Nurses must be professionals). If you are a student, please give an academic referee. If you are applying for a post which requires unsupervised access to children/vulnerable adults, we reserve the right to approach any past employer for a reference.

REFERENCES

Reference 1

Name _____

Address _____

Telephone No: _____

Occupation _____

May we contact the above prior to the interview? Yes No

Period of Notice to be given: _____

How many sick days have you had in the last 2 years _____

Please state days and times that you are available for an interview

REFERENCES

Reference 2

Name _____

Address _____

Telephone No: _____

Occupation _____

SPECIAL REQUIREMENTS (CARE SECTOR)

Because this position involves the care of children and/or vulnerable adults employment is dependent on the following:

- Your written consent to obtaining a standard/enhanced disclosure certificate from the Criminal Records Bureau or an approved umbrella body.
- Such disclosure being acceptable to us.
- Proof of identity – birth or marriage certificate (where appropriate) and passport (if available).
- Two satisfactory written references.
- That you will supply a photograph of yourself for retention in your records.
- Evidence of physical or mental suitability for your work

DECLARATION (Please read this carefully before signing this application)

I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

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. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau Criminal Records Office for a basic disclosure. I understand that should I 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.

I Confirm, that to the best of my knowledge the information given on this form is correct.

SIGNED _____ **DATE** _____