



Application Form

Personal Details (please print this section)

Title	Surname	First Name (s) (underline the one you are known by)

Home Address

Student Address (if applicable)

Post Code

Post Code

Telephone

Telephone

Email

Email

Dates at Above

Dates at Above

Nationality

Date of Birth

National Insurance No.:

Do you need a work permit for permanent employment in the UK ? YES NO

General Education

Please list all **qualifications** held or currently studies for. **List most recent first** and give all results known whatever the outcome.

From - To month / year	Institution	Award and Title of Award (Standard Grade, Higher, HNC/Degree/Dipl/MSc/PhD etc.)	Results (expected/awarded)

Childcare Specific Training

Please highlight Childcare Specific training courses, eg Child Protection, First Aid, and so on.

Course	Date	Certificate Y/N	Institution	

Employment and Work Experience

Please describe briefly any work (whether paid or unpaid) which you have undertaken. Highlight (*) the two most relevant and not what you achieved.

From - To month / year	Employer	Job Title and Responsibilities	Achievements

Personal Interests and Achievements

Use the space below to describe **with dates (year)** any spare-time activities. Include organising, leading or group activities.

Personal Statement

Please use this space to make any statement in support of your application. You may wish to tell us about projects you have been involved with, overseas travel, and so on. This is your chance to impress us!

Additional Information

Please write here any additional information, not covered elsewhere, which will strengthen your application.

Criminal Records Declaration

Please take the opportunity to advise of us of any situation, current or past, you feel might be pertinent to your application. Please note that this information will not necessarily be detrimental to your application.

I hereby declare that there are no legal reasons why I should not work with children and at no time have I been placed on the Sex Offenders Register. I furthermore accept that it is my responsibility to notify Kidzcare of any convictions, whether current or spent.

Signed:.....Date:.....

Health Declaration

I hereby declare that I am physically and mentally fit to work with children (please also ensure you complete the attached medical questionnaire).

Signed.....Date.....

Referees

Previous Employer	Other Referee
Name:	Name:
Position:	Position:
Address:	Address:
Telephone:	Telephone:
E-mail address:	E-Mail address:

Availability

Please give date from which you are available for employment	Please confirm that you are available to work Monday to Thursday 2.30 until 5.30 and Fridays 12.30 until 5pm
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Declaration

The statements made on this form are true. In understand any false statements may jeopardise my application and may lead to an offer being withdrawn. Please ensure you have also signed the Declarations above.		
Signed:	Name (please print)	Date: