**APPLICATION FORM**

**POSITION: Nursery Assistant
START DATE: February 2025**

In your covering letter (not exceeding one typed page), please set out in detail a statement in support of your application, which addresses the criteria in the person specification for this post.

## PERSONAL INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| SURNAME |  | PREFERRED TITLE |  |
| FORMER SURNAME (if applicable)  |  | DATE OF BIRTH |  |
| FIRST NAME(S) |  | PREFERRED NAME |  |
| EMAIL ADDRESS |  | CONTACT NUMBER |  |
| MARITAL STATUS  |  | CURRENT ADDRESS |  |
|  |  |
|  |  | POSTCODE |  |

## GENERAL

|  |  |
| --- | --- |
| Do you have Qualified Teacher Status?  |  Yes / No  |
| TEACHER REFERENCE NUMBER (IF APPLICABLE) |  |
| Do you have a current full UK driving licence?  | Yes / No  |
| Please provide full details of membership of any professional bodies |  |

## ACADEMIC AND VOCATIONAL QUALIFICATIONS

|  |
| --- |
| Please provide details of all academic and vocational qualifications: |
| Award / Qualification | Awarding Body  | Date Obtained | Grade (if appropriate) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## PROFESSIONAL DEVELOPMENT

|  |
| --- |
| **Long Courses** (attended in the last 3 years) |
| **Name of Course (and award if gained)** | **Provider** | **Full Time / Part Time or Seconded** | **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Short Courses** (attended in the last 3 years) |
| **Name of Course (and award if gained)** | **Provider** | **Full Time / Part Time or Seconded** | **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |

## FURTHER EDUCATION AND CAREER HISTORY

|  |
| --- |
| Please provide full details of all positions held and of all training / further education employment, self-employment and unpaid work since leaving secondary education. * Please start with your current or most recent employer and in each case the reason for leaving employment
* Please include your current notice period (if applicable)
* Please provide explanations for any periods not in employment, further education or training
 |
| Employer / Training Establishment | Start Date | End Date | Position Held  | Notice Required / Reason for Leaving |
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## ATTENDANCE

|  |  |
| --- | --- |
| Number of working days absent within the last two years due to illness |  |
| Number of working days absent for other reasons (training / compassionate etc)  |  |

## CURRENT SALARY

|  |  |
| --- | --- |
| Current Salary (basic if appropriate)  | Additions (Responsibility Allowance etc)  |
|  |  |
| **TOTAL ANNUAL SALARY** |  |

## BACKGROUND INFORMATION

|  |
| --- |
| Hobbies, Interests, Previous experience not already listed |
|  |

## REFERENCES

|  |
| --- |
| Please provide at least two professional referees. One referee should be your current or most recent employee |
| **REFEREE 1** | **REFEREE 2** |
| Name |  | Name |  |
| Position |  | Position |  |
| Telephone Number |  | Telephone Number |  |
| Email Address |  | Email Address |  |
| Address |  | Address |  |
| Permission to contact referee? |  | Permission to contact referee? |  |

## DATA PROTECTION & SAFER RECRUITMENT

The information that you provide on this form will be used to process your application for employment. The personal information that you provide will be stored and used in a confidential manner to help with our recruitment process.

If you succeed in your application and take up employment with the School, the information will be used in the administration of your employment.

We may check the information provided by you on this form by third parties.

## DECLARATIONS

1. **RELATIONSHIP DECLARATION:** I appreciate that I must declare any close relationship with a member of the school’s Governing Body, or with a member or senior official of the organisation that has responsibility for the school. I understand that failure to disclose such a relationship may result in my disqualification.

|  |
| --- |
| Please declare any such relationships below:  |
|  |

1. **MEDICAL FITNESS:** I declare that (a) I know of no reasons, on grounds of mental or physical health, why I should not be able to discharge the responsibilities required by the post for which I have applied, and (b) I understand that any offer of employment made by the school will be conditional on verification of medical fitness, if necessary.
2. I declare that the information I have given in this Application Form is accurate and true. I understand that providing misleading or false information will disqualify me from appointment of, if appointed, may result in my dismissal.

SIGNATURE:

DATE:

## EQUAL OPPORTUNITIES MONITORING FORM

This section of the form will be detached from your application and will be used solely for equality monitoring purposes. This form will be kept separately from your application.

Castle Court School recognises and it committed to ensuring applicants and employees from all sections f the community are treated equally regardless of race, gener, disability, age, sexual orientation, religion or belief, gender reassignments, marital and civil partnership status, or pregnancy and maternity.

We welcome applications from all sections of the community.

You are not obliged to complete this form but it is helpful to the School in maintaining equal opportunities.

All information provided will be treated in confidence and used as set out in the School’s Recruitment Privacy Notice and Data Protection Policy.

Please complete the form as you feel is most appropriate for you.

## Position Applied For:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Asian or Asian British** | Indian | Bangladeshi | Pakistani | Any other Asian Background |
| **Black or Black British** | Caribbean | African | Any other Black Background |  |
| **Chinese or other Ethnic Group**  | Chinese | Other Ethnic Group  |  |  |
| **Mixed**  | White and Black Caribbean | White and Black African | White and Asian | Any other mixed Background |
| **White** | White British | Any other white background |  |  |
| **If your ethnic group is not reflected above, please state your ethnicity here** |  |

|  |  |
| --- | --- |
| **Gender (Please specify):**  |  |
| **Date of Birth:**  |  |

|  |  |
| --- | --- |
| **Do you consider yourself to have a disability?**  | Yes / No |
| **If Yes, please state nature of disability:**  |
| The Equality Act defines disability as “A physical or mental impairment which has a substantial and long term effect on a person’s ability to carry out normal day – to – day activities.  |

If you wish, you may disclose information about yourself in this section about your:

|  |
| --- |
| Religion:  |
| Sexual Orientation:  |

**How did you become aware of this vacancy?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School Website | Dorset Council Jobs Site  | TES  | Indeed | Recruitment Agency |
| Other (Please specify):  |