|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pingawings Preschool    APPLICATION FORM.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | PRIVATE & CONFIDENTIAL | | | | | | Applications are invited from women & men from all sections of the community irrespective of their marital status, disability, race, colour, nationality, ethnic, national origins, or religion who have the necessary attributes to carry out the job. | | | | | | Post applied for: | |  | | | | Company name: | |  | | | | Full name: | |  | | | | Address:  Postcode: | |  | | | | Telephone No: | |  | | | | Date of birth: | |  | | | | Nationality: | |  | | | | National insurance no | |  | | | | Do you have permission to work in this country? | | YES ( ) NO ( ) | | | | Do you have clean driving licence? Yes ( ) No ( ) | | | | | | EDUCATION | | | | | | Please give details of the educational qualifications you have achieved with dates. Please indicate level such as GCSE or O level. | | | | | | DATES | SUBJECT | | LEVEL | GRADE | |  |  | |  |  |  |  |  |  | | --- | --- | --- | | PROFESSIONAL QUALIFICATIONS such as BTEC, NVQ2, first aid etc. | | | | QUALIFICATION | | DATE: | |  | |  | | QUALIFICATIONS CURRENTLY UNDERTAKING. | | | | Qualification | | Exam date. | |  | |  | | RELEVANT TRAINING COURSES UNDERTAKEN. | | | | Course title. | Duration. (1 week, 1 day, etc.) | Date. | |  |  |  |  |  |  | | --- | --- | | HEALTH | | | Please state how many days off work you have had due to sickness during the last 12 months |  | | Have you seen a Doctor within the last 2 years |  | | If you answered yes, please state the reason |  | | Have you had any operations, serious accident or illness within the past 5 years |  | | If you answered yes, please state the reason |  | | Are there any reasons why you think that your present health may affect the way you look after or work with children. |  | | Have you ever been retired or had a contract of employment terminated with a past employer due to ill health? |  | | If you answered yes, please state the reason |  | | GENERAL INFORMATION.  Is there any other information you would like to add about yourself |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | WORK HISTORY | | | | | | | | Present employer. | | | | | | | | Full name and address of employer. | | Current position | | | Date started | Notice to leave. | |  | |  | | |  |  | | Previous employment. | | | | | | | | Full name & address of employer | Position held | | Date started | | Date finished | Reason for leaving. | |  |  | |  | |  | . | | FURTHER INFORMATION. (Continue on another sheet if necessary) | | | | | | | |  | | | | | | | | REFERENCES | | | | | | | | Please give names, addresses and telephone numbers of two referees one of whom should be your present or most recent employer. References will only be contacted after a successful interview. | | | | | | | | 1. | | | | 2. | | | | Please state where you saw the position advertised: | | | | | | |  |  | | --- | | DECLARATION: | | Please read the following notes carefully.   1. I acknowledge that an appointment if offered will be subject to satisfactory medical clearance. Currently I am in good health. 2. I declare that I have not been convicted of any criminal offence spent or otherwise (the post is exempt from the provisions of the Rehabilitation of Offenders Act 1974). Any convictions are to be declared on a separate piece of paper, placed in a sealed envelope and attached to the application form. 3. I declare that the information given on this form is correct and understand that on appointment any misleading statements or deliberate mistakes will be regarded as grounds for dismissal/disciplinary action being taken should any discrepancy come to light. 4. I understand that because the nature of the post involves substantial access to children, any offer of employment will be subject to a police check.   SIGNATURE: DATE: |   Please return this form to:  PINGWINGS PRESCHOOL, TUNLEY UR CHURCH HALL, MOSSY LEA ROAD, WRIGHTINGTON.  OR  [pingawings@hotmail.co.uk](mailto:pingawings@hotmail.co.uk) |