

# Fireflies



*Lighting Paths to Brighter Futures*

**APPLICATION FORM**  
**Fireflies Nursery**  
*CONFIDENTIAL*

**POST APPLIED FOR:**

**1. APPLICANTS PERSONAL DETAILS**

**TITLE:**

**FORENAME(s):**

**SURNAME:**

**PREVIOUS NAMES:**

**ADDRESS:**

**WORK TEL NO:**

**HOME TEL NO:**

**MOBILE PHONE NO:**

**MAY WE CONTACT YOU AT WORK?**

Yes

No

**EMAIL ADDRESS:**

**2. EMPLOYMENT STATUS**

**Are there any restrictions on your residence or employment in the UK?**

Yes

No

**If Yes, please give details:**

**Expected date of Notice Period?**

### 3. SUPPORTING STATEMENT

With reference to the job selection criteria, please give details of your experience, skills, abilities and personal qualities that you believe are relevant to your suitability for the post and indicate how you meet the person specification. Also provide any additional information, which you think would be useful in this job. Please write this on a separate sheet(s) of paper.

#### 4. PRESENT OR MOST RECENT EMPLOYMENT

<b>NAME OF EMPLOYER:</b>	<b>ADDRESS:</b>	
<b>BRIEF DESCRIPTION OF DUTIES:</b>		
<b>POST HELD:</b>	<b>PRESENT ANNUAL SALARY (including allowances)</b>	
<b>DATE OF APPOINTMENT:</b>	<b>DATE LEFT: (if applicable)</b>	<b>REASON FOR LEAVING:</b>

#### 5. PREVIOUS EMPLOYMENT

(start with most recent – please explain any gaps in employment)

Employer	Title	Salary	Brief description of duties	Dates for employment & reason for leaving

## 6. EDUCATION AND ACADEMIC QUALIFICATIONS

School/college/ university	From:	To:	Subjects/Qualifications/Grades/Honours, dates awarded and awarding body:
<b>Secondary:</b>			
<b>Higher Education:</b>			
<b>Further Postgraduate Qualifications:</b>			
<b>Vocational Qualifications:</b>			

**7. TRAINING UNDERTAKEN RELEVANT TO THIS APPLICATION**

<b>Course title:</b>	<b>Provider:</b>	<b>Dates &amp; duration of course:</b>	<b>Award (if any):</b>

**8. OTHER PAID WORK/VOLUNTARY WORK EXPERIENCE**  
(please give details of any gaps in dates shown)

<b>Employer/ Organisation</b>	<b>From:</b>	<b>To:</b>	<b>Nature of Occupation:</b>

**9. DETAILS OF OTHER ACTIVITIES, SKILLS & INTERESTS RELEVANT TO THIS POST**

**10. PROFESSIONAL REFERENCES**

Please supply the names and addresses of two persons willing to provide references. One should be from your current or most recent employer. References will NOT be accepted from relatives or people writing solely in the capacity of friends.

**NAME:**

**ADDRESS:**

**TELEPHONE NUMBER:**

**E-MAIL:**

**POSITION HELD:**

**Please state the context in which this person is known to yourself:**

**NAME:**

**ADDRESS:**

**TELEPHONE NUMBER:**

**E-MAIL:**

**POSITION HELD:**

**Please state the context in which this person is known to yourself:**

## DECLARATION BY APPLICANT

I understand that appointment to this post is subject to a satisfactory Enhanced Disclosure and Barring Service (previously known as CRB). I also understand that, under the terms of the Rehabilitation of Offenders Act 1974 (Exceptions Order 1975, and subsequent amendments), I am required to disclose any record I may have of criminal convictions, cautions and blind-overs, including those regarded as 'spent' and to attach details of the same.\*

Have you criminal convictions, cautions or blind-overs, including those regarded as spent?

Yes (details attached)

No

\* Please note: information about criminal convictions, cautions and blind-overs will remain confidential but will be made available to the panel for consideration if your application is short-listed.

I declare that I am not on List 99, or disqualified from working with children, or subject to any sanctions imposed by a regulatory body.

I understand that under the terms of the Asylum and Immigration Act 1996 should I be short-listed for the post for which I am applying, I will provide for the governing body, as employer, an original document\* showing my entitlement to work in this country.

\* Acceptable documents include your National Insurance card, a birth certificate issued in the UK or Eire, a P45 from your previous employer, a valid passport, or any relevant authorisation allowing you to work in this country.

Are you related to any Elected Member, Senior Officer or member of staff within this organisation?

Yes  No

If YES, who and in what capacity?

I appreciate that I must declare any family or close relationship with a member of the organisation's governing body, an employee of the organisation or senior official (including councillors) of the local authority which has responsibility for the organisation. I understand that failure to disclose such a relationship may result in my disqualification.

I certify that all information given by me on each section of this form and in supporting documents is correct to the best of my knowledge and belief, that all questions have been fully and accurately answered, and that I possess all qualifications which I claim to hold and will produce evidence of the same. I acknowledge that I have read, understand and will comply with the Notes to Applicants, which accompanied this application form.

I understand that my name will be withdrawn from the list of candidates if, prior to appointment, I am found knowingly to have omitted or concealed any relevant fact, and I acknowledge that such discovery subsequent to appointment is likely to lead to my dismissal without notice and, where appropriate, referral to the police.

I hereby consent to the processing of sensitive personal data, as defined by the Data Protection Act 1998, involved in the consideration of this application.

SIGNED:

DATE:

**ADDITIONAL INFORMATION (CONFIDENTIAL) – This section of the form seeks additional information pertinent to your application.**

Thank you for your application. Please note: in the interest of economy, only shortlisted applicants will receive further notification.

Position applied for:

Title:

First Name:

Surname:

Date of Birth:

**HEALTH**

Please state, with dates, any serious illnesses or operations you have had:

Do you suffer from recurring illnesses? If Yes, please specify

Yes  No

Have you been absent from your employment through illness for more than 5 days in total in the last twelve months? If Yes, please give details below:

Please confirm (by signing below) that, if you are short listed, you would consent to us contacting your GP about any condition, which might affect your ability to perform the role of a nursery staff. Please complete the enclosed Consent Form and return it with this application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Do you consider that you have any disability as defined within the terms of the Disability Discrimination Act 1995, which has a substantial effect on your ability to carry out normal day to day activities? Yes  No

If Yes, please give brief details of the disability and any adjustments which you consider you would need to be made to enable you to carry out the post for which you are applying:

Will you require assistance if called for an interview?

Yes  No

If Yes, please give details:



**EQUAL OPPORTUNITIES MONITORING (CONFIDENTIAL) – We wish to continuously monitor (in the strictest confidence) the progress of our Equal Opportunities Policy. Please help us by giving the fullest possible answers to the questions below.**

Sex: M  F

Date of Birth: \_\_\_\_\_

Age: 16-19  20-29  30-39  40-49  50-59  60-65

**Please indicate your culture / ethnic origins:**

This information is included as part of the duty of the organisation to promote race equality and to ensure equal opportunities for all staff and is recommended by the Commission for Racial Equality.

Please tick the box you consider best describes your ethnic origin.

- |                                    |                          |                                 |                          |
|------------------------------------|--------------------------|---------------------------------|--------------------------|
| Asian / Asian British: Pakistani   | <input type="checkbox"/> | Chinese                         | <input type="checkbox"/> |
| Asian / Asian British: Bangladeshi | <input type="checkbox"/> | Mixed White and Black Caribbean | <input type="checkbox"/> |
| Asian / Asian British: Indian      | <input type="checkbox"/> | Mixed White and Black African   | <input type="checkbox"/> |
| Asian / Asian British: Sikh        | <input type="checkbox"/> | Mixed White and Asian           | <input type="checkbox"/> |
| Asian / Asian: Other               | <input type="checkbox"/> | Mixed Other                     | <input type="checkbox"/> |
| Black / Black British: Caribbean   | <input type="checkbox"/> | White British                   | <input type="checkbox"/> |
| Black / Black British: African     | <input type="checkbox"/> | White Irish                     | <input type="checkbox"/> |
| Black / Black British: Other       | <input type="checkbox"/> | White Other                     | <input type="checkbox"/> |
| Other (please specify)             | <input type="checkbox"/> | Prefer Not to Say               | <input type="checkbox"/> |