

Application Form

Please complete the following in BLOCK CAPITALS					
Preferred Location: Hayes Road			Petts Wood	Langdon Rd	
11010110	od Edeario	West Wickham	No preference	Langaon Ka	
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		T			
Full Nam	e:			Previous Name(s):	
Address:				Post Code:	
Telephone Number:					
		T			
Email ad	dress:				
Date of Birth:					
National Insurance No:					
				/	
Educatio	n: To:	Where:	ost recent school/colle	ge/university first)	
From:	10.	where.			

Qualifications:					
Year:	Subject		Grade Attained (please indicate)		
Present Employme					
Year:	Employer:	Job Title:		Notice Period Required & Current Salary	
Previous Employm	ent				
Year:	Employer:	Job Title:		Reason for Leaving:	
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Do you have any skills, experience or qualifications that you feel would especially suit the job you are applying for? (You may wish to attach a separate sheet or covering letter to support your application)				
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			•••	
			••	
Do you have any disability as de for you to attend/participate in		ality Act 2010 that may require an adjustment in orde process?	er	
	Yes	No		
•	ictions, whether	ffenders Act 1974 and that this means that applicants spent or unspent. This post is subject to Enhanced .		
Do you subscribe to the DBS's U	pdate Service?			
	Yes	No		
If offered this position, will you continue to work in any other capacity?				
	Yes	No		
If yes please give brief details				
Do you have the legal right to w	ork in the UK?			
	Yes	No		
Where did you hear about this v	vacancy?			

You will be required to provide evidence of your legal right to work in the UK at interview or induction. Offers of employment will be provisional on such evidence being provided and being satisfactory to the employer.					
Do you have any cu	urrent holiday commitments?				
If yes, please give o	lates etc				
References: Please give at least TWO referees, ideally THREE (one of whom should be your current or last employer, if you haven't worked it should be a School/College reference). Character references are acceptable where there has not been previous employment. If you do NOT wish us to contact your referees before an offer is made, please place a cross in the appropriate box.					
Name & Position of referee	Company Name & Address	Telephone Number	Email Address		
Declaration I declare that the i	nformation given in this application form is to	rue and accurate Li	understand that if I		
I declare that the information given in this application form is true and accurate. I understand that if I have given misleading information on this form or made any omissions, this will be sufficient grounds for terminating my employment. I confirm I am not barred from working with children or vulnerable adults.					
Protection Act 201	Date: r data either on paper records or a compute 8 and The EU General Data Protection Regular recruitment and employment. You may withd	tion. Your data will	be processed solely		
not share the information on this form outside the organisation or the UK. If you give us consent tick here This form, duly signed, should be returned to: lisa@rainbowdaynurseries.com					

Rainbow Day Nursery is committed to safeguarding and promoting the welfare of children and young people and expects that all staff and volunteers to share this commitment.