

APPLICATION FORM

FOR OFFICE
USE



PRIVATE & CONFIDENTIAL

POSITION APPLIED FOR _____

Please take your time to complete the details as well as you can. Your responses will give us our first real impression of what you are like and how well you would fit in with Kid Ease's way of working. Make sure that you complete all sections fully using black ink.

The information you give will be used as a basis for short-listing and selection will be held confidentially. If, due to disability, you are unable to complete this form yourself you may ask someone else to assist you with its completion.

Personal Details

Surname:	First Name(s):
Date of Birth:	ISA Registration Number:
Address:	
Postcode:	
Telephone No:	Do you have a full driving licence? YES / NO
Person to contact in an emergency:	
Address:	
Telephone No:	

ASYLUM AND IMMIGRATION ACT 1996

In order to comply with the above legislation, it is the Company's policy to request, before the commencement of your employment, either official documentation that contains your National Insurance number or alternative evidence of your entitlement to work in the UK. Documents may include: P45, P60, National Insurance card, Passport, Work Permit.

National Insurance No:

If you do not have a NI number do you require a work permit for employment within the UK? **YES / NO**

If yes, please describe your immigration status in the UK

Education / Training

School	From	To	Examinations Passed
College / University, etc			
<u>Additional Qualifications / Training</u>			

Employment History

Please give details of previous employment history explaining any gaps. Start with your most recent employment and work backwards.

Employers Name and Address and type of business	Dates		Reason for leaving	Position held and salary on leaving
	From Month/Year	To Month/Year		

Personal Statement

Please summarise your interest in this position, outlining any experiences or attributes that may support your application.

Health

Approximately how many days sick have you had over the past 12 months?
Please give brief details of reasons for sickness:

Please sign to confirm that you are willing to permit a general check on your health by Social Services in accordance with guidelines for people who wish to work with children by signing a Self Declaration Health Form.

Signed _____

The Company reserves the right to require you to undergo a medical examination by a medical practitioner appointed by the Company. Any offer of employment may be subject to receipt of a satisfactory medical report.

Police Checks

The Rehabilitation of Offenders Act 1974 does not apply to people wishing to work with young children. In view of this it will be necessary to contact CRB who hold details of all convictions, including 'spent convictions' (i.e. those that happened some time ago and are defined as spent under the Rehabilitation of Offenders Act). We require confirmation from CRB that employees are suitable to work with children this information will also include any cautions, reprimands or warnings.

Offers of employment will only be made subject to receipt of satisfactory information from the Criminal Records Bureau. Please sign to confirm that you understand and consent to this.

Signed _____

References

Please give the names and addresses of two people we can contact for a confidential assessment of your suitability for this job. Please give your current and previous employers where possible. Your current employer will only be approached if you receive and accept an offer of employment with Kid Ease.

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Telephone No:	Telephone No:

Declaration

Please check all the answers you have given on this application form and read the statement below carefully before signing it.

I understand that any offer of employment by Kid Ease Limited is subject to the receipt of references, police and health information that is acceptable to the Company. The offer may also be subject to a satisfactory medical examination (if required). Any mis-statement in any of the above sections will render this application and any subsequent contract invalid and employment may be terminated without notice. Consequently, the facts contained in this application are, to the best of my knowledge, true and complete.

Applicant's Signature _____ **Date** _____

Equal Opportunities Monitoring

Kid Ease is committed to developing its policies to promote equal opportunities in employment. All applicants will be treated on their merits regardless of age, colour, disability, ethnic or national origin, marital status, race, religion, sex or sexual orientation. In order to monitor the effectiveness of our equal opportunities policy, we would ask you to provide the following information about yourself.

Please complete in block capitals or tick box where appropriate.

Position Applied For

MALE

FEMALE

MARITAL STATUS

Ethnic Origin

I would describe my ethnic origin as:

White	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Black – Caribbean	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Black – African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black – Other (please specify)	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Other Ethnic Group	<input type="checkbox"/>	(please specify) _____	
