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| **Please return completed application form to**  Littleleaps  The Bungalow  Gonerby Road  Gonerby Hill Foot  Grantham  Lincolnshire  Ng31 8HQ  Or email to: [info@littleleaps.co.uk](mailto:info@littleleaps.co.uk) | | | | | | | | |
|  | | | | | | | | |
| **Position applied for:** | | | |  | | | | |
|  | | | | | | | | |
| **Personal Details** | | | | | | | | |
| Please complete all applicable details and questions. Where a question is a Yes/No, please put a Y, N or tick in the box net to your relevant answer | | | | | | | | |
| Title | | | |  | | | | |
| First Name | | | |  | | | | |
| Middle Name(s) | | | |  | | | | |
| Last Name | | | |  | | | | |
| Gender | | | |  | | | | |
| Status | | | |  | | | | |
| Date of Birth | | | |  | | | | |
| National Insurance No | | | |  | | | | |
| Nationality | | | |  | | | | |
| Languages Spoken | | | |  | | | | |
| Children & Ages | | | |  | | | | |
| Childcare Required? | | | |  | | | | |
| Email Address | | | |  | | | | |
| Home Address & Postcode | | | |  | | | | |
| Home Telephone No | | | |  | | | | |
| Mobile Telephone No | | | |  | | | | |
| Full Driving Licence (Yes/No) | | | |  | | | | |
| Any driving endorsements (Yes/No) | | | |  | | | | |
| Use of your own car (Yes/No) | | | |  | | | | |
| Registered for childcare (Yes/No) | | | |  | | | | |
| If yes, state which register(s) | | | |  | | | | |
| Membership or any technical or professional association | | | |  | | | | |
| Do you have any disabilities that we need to be aware of (Yes/No, please specify) | | | |  | | | | |
| Do you have any medical conditions that we need to be aware of (Yes/No, please specify) | | | |  | | | | |
| If you are invited to an interview, will you need us to make any reasonable adjustments for you to attend (Yes/No, please specify) | | | |  | | | | |
| Do you take any medication or other substances that could affect the job roll (Yes/No, please specify) | | | |  | | | | |
| European Union Citizen (Yes/No, please state if a work permit is required) | | | |  | | | | |
| Restrictions to you taking up employment in the UK? Yes/No, please specify) | | | |  | | | | |
| If you are applying for a job where you will have regular contact with children under18 years of age you must give details of any conviction (conviction, date and sentence) on a separate sheet of paper and attach it to this form. This post is exempt from the Rehabilitation of Offenders Act 1974  Please complete the following declaration:  **I am applying for a job working with children and I have a conviction for which I attach details** | | | | | | | | |
| **Yes** | |  | | | **No** | |  | |
| (Employment is dependent upon obtaining a satisfactory enhanced disclosure from the Disclosure & Barring Service) | | | | | | | | |
|  | | | | | | | | |
| **Education and Training** | | | | | | | | |
| Please give the dates and names of school attended since age 11 and details of examinations attempted. (Please continue a separate sheet if necessary) | | | | | | | | |
| Date from | Date to | | | Name and address and type of education | | | | Examination – Subject and Grade |
|  |  | | |  | | | |  |
| Please give details of all further education since leaving School, including training courses and details of qualifications. (Please continue a separate sheet if necessary) | | | | | | | | |
| Date from | Date to | | | Name and address and type of education | | | | Examination – Subject and Grade |
|  |  | | |  | | | |  |
| **Employment History Present (or most recent) employer first** | | | | | | | | |
| Please continue a separate sheet if necessary | | | | | | | | |
| Date from | Date to | | | Name & address of employers. Your position and final salary | | | | Outline duties and reasons for leaving |
|  |  | | |  | | | |  |
| **References** | | | | | | | | |
| Please give two references, one of which should be your present or most recent employer. References will not be accepted from relatives or from people writing solely in the capacity of a friend. \*Please provide all details marked with a star. | | | | | | | | |
|  | | | Reference 1 | | | Reference 2 | | |
| Full Name | | |  | | |  | | |
| Organisation | | |  | | |  | | |
| Position | | |  | | |  | | |
| In what capacity do you know the above | | |  | | |  | | |
| Address | | |  | | |  | | |
| Email Address | | |  | | |  | | |
| Telephone No | | |  | | |  | | |
|  | | | | | | | | |
| **About working at Littleleaps** | | | | | | | | |
| Do you give permission for us to seek reference prior to an interview (Yes/No) | | | |  | | | | |
| What notice period does your current employer need | | | |  | | | | |
| When could you start working at Littleleaps | | | |  | | | | |
| Do you have any current holiday dates booked where you are unable to work | | | |  | | | | |
| Are there any hours that you are NOT able to work between 7:30am-6pm (Monday-Friday) | | | |  | | | | |
| Would you be available to work on a Saturday if required | | | |  | | | | |
| What is your minimum and maximum amount of hours you require to work per week | | | | Minimum | | |  | |
| Maximum | | |  | |
| Preferred | | |  | |
|  | | | | | | | | |
| **Further information in support of your application** | | | | | | | | |
| Please give a concise account of why you think you should be considered for the post. Give Details of present duties, and any relevant experience and training and any additional information to support your application. Please continue a separate sheet if necessary. | | | | | | | | |
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| **Declaration** | | | | | | | | |
| Declaration (please read carefully before submitting this application   1. I confirm that all the above is complete and correct and that any untrue or misleading information will give my employer the right to terminate my employment 2. I agree that the organisation reserves the right to ask me to undergo a medical examination. I agree that this information will be retained in my personnel file during employment and after for up to six years thereafter and all information will be processed in accordance with data protection. 3. I agree that should I be successful in this application; I will be required to obtain an enhanced disclosure from the Disclosure & Barring Service and should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated. | | | | | | | | |
| Full Name | | | |  | | | | |
| Signature | | | |  | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **FOR OFFICE USE ONLY** | | | | | | | | |
| 1st Interview by | | | |  | | | | |
| Date | | | |  | | | | |
| Overview/evaluation | | | |  | | | | |
| 2nd Interview by | | | |  | | | | |
| Date | | | |  | | | | |
| Overview/evaluation | | | |  | | | | |
| Decision (Accept/Rejected) | | | |  | | | | |
| Decision reason | | | |  | | | | |
| DBS cleared (Yes/No) | | | |  | | | | |
| Position offered – date offered | | | |  | | | | |
| Position accepted – date accepted | | | |  | | | | |
| Induction complete (Yes/No) | | | |  | | | | |
| Start date - confirmed | | | |  | | | | |