

# Application Form

Please complete the form in black ink, ensure the finished form is returned by the closing date to the address given above. We are unable to accept forms returned as email attachments without a signature.

## POSITION APPLIED FOR

Job title:
How did you hear about this vacancy?

## I. APPLICANT'S DETAILS

Title:	Surname:	First name:
DATE OF BIRTH:		
Home address:		
POST CODE:		
Telephone nos: please include full STD code		
Home:		
Work :		
Mobile (where possible):		
Email Address (where possible):		
Do you hold a current driving licence?	Yes/No	
Are there any restrictions regarding your employment?		
What is your National Insurance Number?		
How much notice do you need to give to your current employer?		
Do you have any medical conditions that we need to be aware of? i.e. that may affect your ability to work, particularly with young children? (if yes, please provide brief details)		

Please start with your most recent employment. Briefly describe the main duties and responsibilities of your post.

### 1. Current/most recent employer/organisation

Name:

Address:

Job Title:

From:

To:

Hourly pay:

Brief description of duties:

Reason for leaving/changing:

### 2. Employer/organisation

Name:

Address:

Job Title:

From:

To:

Hourly pay:

Brief description of duties:

Reason for leaving/changing:

### 3. Employer/organisation

Name:

Address:

Job Title:

From:

To:

Hourly pay:

Brief description of duties:

Reason for leaving/changing:

### 3. EDUCATION

Please tell us about your education and any qualifications which you feel are relevant to the post. Include relevant courses which you are currently undertaking. Please start with the most recent.

Name of school/college/university/training body	Subject studied	Qualification/Level	Date gained

### 4. TRAINING

Please list any training you have received or courses which did not lead to a qualification but which you feel are relevant to the advertised post.

Training Course	Date

**5. EXPERIENCE / SKILLS**

Please give as many details as possible of your skills and experience relating to the role:

**1. Please tell us why you wish to work in early years and what skills and qualities you can bring to the role.**

**6. REFERENCES**

Please give name, address and position/occupation of two referees. One must be your present or most recent employer. References will only be taken up for the successful candidate.

1. Name:
Position:
Organisation:
Address:
Tel:
Email:

2. Name:
Position:
Organisation:
Address:
Tel:
Email:

**7. DECLARATION AND SIGNATURE**

The information supplied in this application form is accurate to the best of my knowledge.
Signed ..... Date .....

**Please note that all successful candidates will be required to complete a Disclosure & Barring Service and Health Questionnaire to ensure suitability to work with young children. We expect any convictions, cautions, court orders, reprimands and warnings which may affect the suitability of working with children to be declared along with any medical history which may also affect suitability.**

**All new employees are subject to these checks along with references from two separate sources in order to confirm their appointment.**

*Thank you for completing the form.*

**Please Return to:  
Olive Tree Nursery  
63A Colne Road, Burnley  
BB10 1LJ**

**FOR OFFICE USE ONLY:**

Identification verified <input type="checkbox"/>	Qualifications verified <input type="checkbox"/>
Verified by:	Verified by:
Arrange interview Yes <input type="checkbox"/> No <input type="checkbox"/> Reason for descision:	Arrange call back Yes <input type="checkbox"/> No <input type="checkbox"/> Reason for descision:
Succesful candidate Yes <input type="checkbox"/> No <input type="checkbox"/> Reason for descision:	Unsuccesful candidate Yes <input type="checkbox"/> No <input type="checkbox"/> Reason for descision:

# EQUAL OPPORTUNITIES QUESTIONNAIRE

Olive Tree Nursery is committed to equality and all applications will be considered on merit. We aim to ensure equal access and equal opportunities for all, irrespective of gender, marital status, ethnic origin, religion, disability, sexual orientation or age.

In order to assist Olive Tree Nursery in monitoring its Equal Opportunities Policy, you are asked to complete this form which will be separated from your application form before it is seen by the selection panel. This information will be held on file for the purposes of monitoring the operation of the Equal Opportunities Policy and is subject to the provisions of the Data Protection Act.

## POSITION APPLIED FOR:

Job title:	
Surname:	First Names:
Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of birth:

## 1. ETHNIC MONITORING

Which group do you most identify with? Please tick only ONE box.

### A. White

British                       Irish

Any other White background  – please specify: .....

### B. Black

British                       Caribbean                       African

Any other Black background  – please specify: .....

### C. Asian

British                       Indian                       Pakistani                       Bangladeshi

Any other Asian background  – please specify: .....

### D. Mixed

White and Black Caribbean                       White and Black African                       White and Asian

Any other Mixed background  – please specify: .....

### E. Chinese

Chinese

### F. Any other Ethnic Origin.

Any other ethnic origin  - please specify: .....

## 2. DISABILITY MONITORING

Do you have a health problem or disability which may be relevant to your job application?

Yes                       No

If Yes, what is the nature of your health problem or disability?

Thank you for completing the form