

Employment Application at Miss B's Nursery

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Section 1 – Personal Details

Surname:	Forename(s):
Address:	Telephone:
	Email Address:
Post Code:	Date of Birth:

Section 2 – Employment Details

Position you are applying for:

We are open from 8am – 6pm Monday to Friday.

Are you able to work full time (Monday – Friday 8am to 6pm) or part time?
Please specify:

What notice period must you provide to your previous employer?

Our nursery is scheduled to open in September 2026.

Will you be able to join our team from the middle of August to best prepare ourselves for welcoming our little ones in September?

YES

NO

What date will you be available to start work?

3

Section 3 – General Information

Do you hold a current Driving Licence?

YES

NO

If yes, please list any penalty points:

Please note any criminal convictions except those ‘spent’ under the Rehabilitation Of Offenders Act.
If you have none, please state ‘None’.

Do you have the legal right to work in the UK?

YES

NO

If no, please provide details:

Section 4 – Work History

List starting from the most recent:

<u>Starting/Leaving Dates:</u>
<u>Name & Address of Employer:</u>
<u>Telephone:</u>
<u>Salary:</u>
<u>Your Job Title:</u>
<u>Duties/Responsibilities:</u>
<u>Reason for Leaving</u>

<u>Starting/Leaving Dates:</u>
<u>Name & Address of Employer:</u>
<u>Telephone:</u>
<u>Salary:</u>
<u>Your Job Title:</u>
<u>Duties/Responsibilities:</u>
<u>Reason for Leaving</u>

CONTINUED: Section 4 – Work History

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<u>Your Job Title:</u>
<u>Duties/Responsibilities:</u>
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<u>Starting/Leaving Dates:</u>
<u>Name & Address of Employer:</u>
<u>Telephone:</u>
<u>Salary:</u>
<u>Your Job Title:</u>
<u>Duties/Responsibilities:</u>
<u>Reason for Leaving</u>

Section 5 – Education

List starting from the most recent:

School/College/University	Qualifications (Subjects and Results)	Date Qualification awarded

Please state any other training you have attended relevant to the position you have applied for:

Do you speak or read a foreign language?

YES	NO
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If yes, please give details:

Section 5.1: Childcare Qualifications

Please complete the form below to provide more information on your childcare qualification.

Title of qualification		
Where was the qualification awarded?	In England?	Outside of England? <i>If so, where?</i>
The date the qualification was started ?		
The date the qualification was awarded ?		
The level of the qualification		
The awarding organisation		
Your qualification transcript: - <i>This includes a list of the modules that were studied</i>		

Please include a copy of your qualification certificate when submitting your application, for reference. Thank you.

Section 6 - Experience with Children

Age groups worked with (tick):

☐ 0–1 year ☐ 1–2 years ☐ 2–3 years ☐ 3–5 years

Briefly describe your experience in an Early Years setting:

Briefly describe your understanding of what the EYFS framework is, and the use of it in an Early Years setting:

Section 7 - Skills & Competencies

Please explain your experience with and thoughts on:

Safeguarding children

Behaviour management

Supporting learning and development (EYFS)

Working with parents/carers

Teamwork

Section 8 – Supporting Information

Please include any skills and experience you have acquired that you would like us to know about, that can support this application, whether within the working environment or outside.

Section 9: Safeguarding & Suitability

Have you ever been cautioned or convicted of a criminal offence?

YES	NO
-----	----

Are you currently subject to any investigations?

YES	NO
-----	----

Do you have any disqualifications under the Childcare Act 2006?

YES	NO
-----	----

If yes, provide details (this will not automatically exclude you):

Do you have a current and up-to-date DBS certificate?

YES	NO
-----	----

If so, what is the date of issue?

Are you on the update service?

YES	NO
-----	----

Do you have a Paediatric First Aid training certificate?

YES	NO
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If so, with which provider?

If so, when was this completed?

Please include a copy of your certificate when submitting your application, for reference. Thank you.

Section 10: Health Declaration

Do you have any health conditions that may affect your ability to carry out this role, that you would like us to know about?

YES

NO

Details (optional):

Section 9 – References

Please give the details of two people to whom we may contact for references (one of which should be your last or current employer).

Please note that Miss B's Nursery reserves the right to withdraw or terminate any offer of employment should a reference disclose information that was not previously declared, or reveal concerns that, in the opinion of the nursery, cannot be satisfactorily justified or explained.

Name of reference:

Position of reference in company:

Name of Company:

Address:

Telephone Number:

Email Address:

Length of Time Known:

If you would you like me NOT to contact this reference, unless we offer you the position, please tick the box?

Name of reference:

Position of reference in company:

Name of Company:

Address:

Telephone Number:

Email Address:

Length of Time Known:

If you would you like me NOT to contact this reference, unless we offer you the position, please tick the box?

Declaration

It is understood and agreed that any misrepresentation by me on this application form will be sufficient cause for cancellation of this application and/or termination from the employer's service if I am employed.

I give the employer the right to investigate all of the references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organisations for furnishing such information.

I understand this role is subject to an enhanced DBS check via Disclosure and Barring Service. As safeguarding is a priority; all staff must comply with nursery policies.

Applicant's Full Name

Applicant's Signature

Date / /

Please do not forget to include a copy of your certificate when submitting your application, for reference. Thank you.
