

**GLASSFORD DAY NURSERY LTD
APPLICATION FORM**

To help us assess your application please complete all sections of this form. Please be accurate and truthful! A CV will not be accepted unless submitted by a visually impaired applicant.

Post Title

1. PERSONAL DETAILS

Surname	Forename (s)	National Insurance Number
Address		Contact telephone numbers:
		Home:
		Work:
Post Code		Mobile:
Please tick if you hold a current driving licence.		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please tick relevant class		Full <input type="checkbox"/> Provisional <input type="checkbox"/>
Any penalty point endorsements?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please give details		

2. WORKING FOR US

Are you applying for: PLEASE TICK					
Full Time <input type="checkbox"/>			Part Time <input type="checkbox"/>		
What hours are you able to work? The nursery requires staff cover between 7.00am and 7.00pm Please tick below.					
	M	T	W	T	F
am					
pm					

Please tick if you wish to apply for this post in a job sharing basis

Details of your preferred work arrangement:

3. SCHOOL, FURTHER EDUCATION, VOCATIONAL TRAINING

Please give details of any qualifications that you have gained, that you think are relevant to your application. Please list your most recent successes first, no need to include school results if you left over 15 years ago.

Awarding body e.g. SQA, SCOTVEC, SVQ, HND, HNC,	Course / Subject Module Titles	Level / Grade achieved	Date of your award	√ Tick if awaiting results

4. MEMBERSHIP OF PROFESSIONAL BODIES

Name of Awarding Body	Class of membership	Date awarded

5. OTHER TRAINING RELEVANT TO THIS APPLICATION

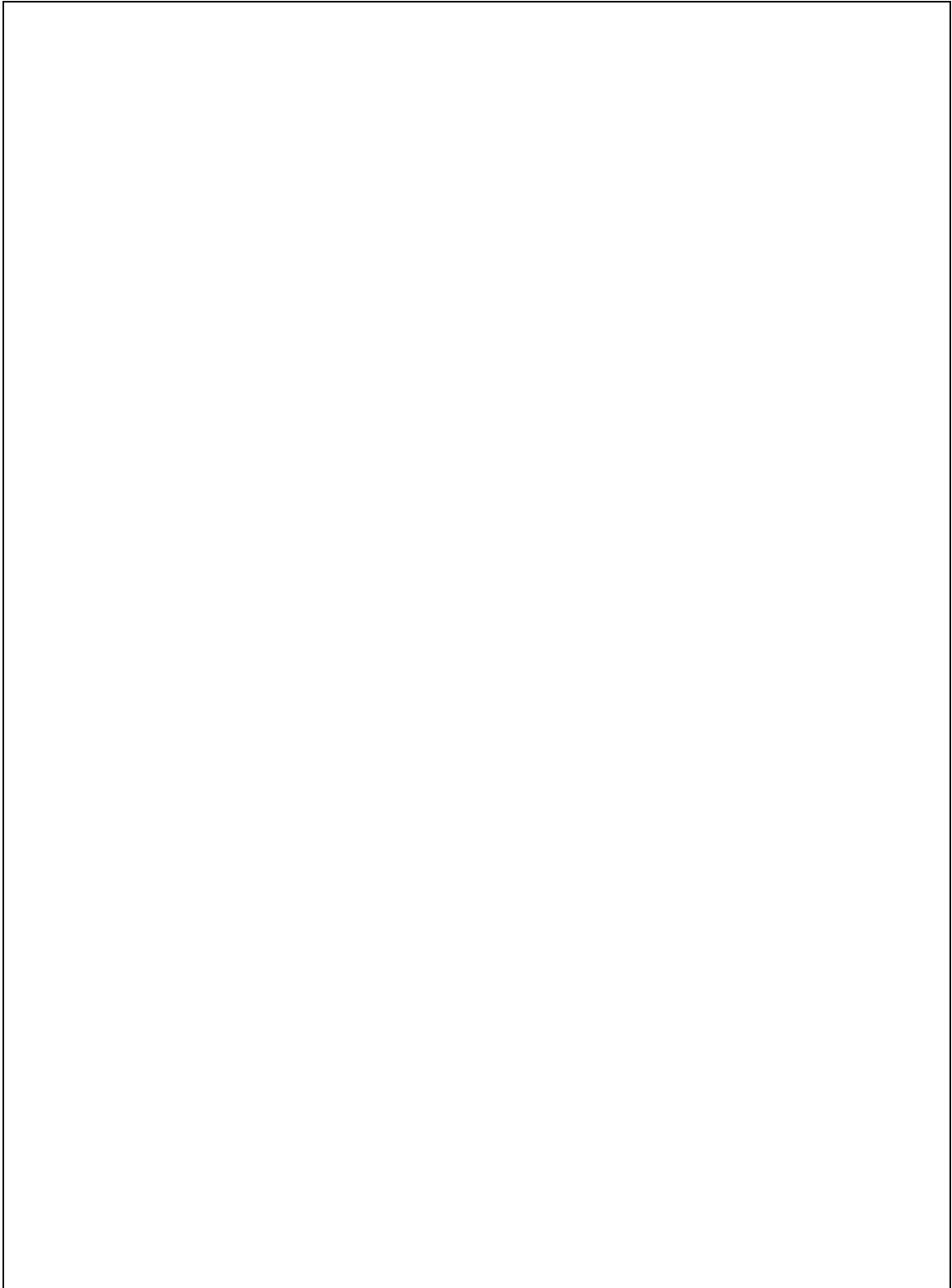
Course Provider	Main subjects covered	Date attended

6. CURRENT EMPLOYMENT (OR MOST RECENT EMPLOYMENT)

Name & Address of Employer / Job Title	Dates		Basic Salary / Wage £ per week / year
	From:	To:	
	Notice required:		

Please give details of your present duties / responsibilities, using supplementary sheets if required. Please ensure you put your name on any separate sheets used.

8. Please tell us in no more than 150 words how your abilities, personal qualities and experience (both at work and outside of work) are relevant to your application.

A large, empty rectangular box with a thin black border, intended for the applicant to write their response to question 8. The box is currently blank.

9. ATTENDANCE AT WORK

Please list all absences from work over the last 2 years.

Number of days absent	Reason for absence	Dates	
		From	To

10. REFEREES

Please provide details of two referees. If you are currently in employment at least one must be your present employer. References may be asked for if you are short listed for interview. Please tick the box if you do not wish contact to be made with a referee prior to an interview being held.

Name	Address	Occupation	Tick if NO contact to be made prior to interview
			<input type="checkbox"/>
			<input type="checkbox"/>

11. DISABILITY

If you consider yourself to be disabled it would be helpful if you could let us know if you require any facilities or assistance if you are invited to interview. Please give details below.

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12. DECLARATION – please read carefully

I certify that all statements given by me in this application are true and correct. I realise that if I am employed and it is found that such information and all other documents associated with the recruitment and selection process is false or that I have withheld information I am liable to dismissal without notice.

Data Protection and Equal Opportunities Monitoring

I consent to Glassford Day Nursery and its agents processing, by means of information and communication technology or otherwise any information which I provide to them in connection with this application.

Please sign here: Date

Before sending your application, have you completed ALL sections, signed the declaration and completed the Equal Opportunities Monitoring Form, Health Questionnaire and Criminal Convictions Declarations Forms.

Completed application forms should be sent by the closing date to:

**Glassford Day Nursery Ltd
2-4 Station Road
Glassford
South Lanarkshire
ML10 6WQ**

Glassford Day Nursery Ltd

Equal Opportunities Monitoring Form (Confidential)

Glassford Day Nursery Ltd is committed to being an equal opportunities employer. To help us monitor our Equal Opportunities Policy, would you please provide the information requested below and return it sealed in the envelope provided. This information is kept separate from your application. The information provided in the monitoring form is not used in the selection process. It is used to monitor the effectiveness of our Nursery's Equal Opportunities Policy.

Thank you for your co-operation. It is essential that every applicant completes all sections of this form.

1. NAME

Surname _____

First Name _____

2. AGE

Are you?

- Under 21 years
- 21 - 29 years
- 30 - 39 years
- 40 - 49 years
- 50 - 59 year's
- 60 - 65 years

4. MARITAL STATUS

Are you?

- Married
- Not Married

5. CARING RESPONSIBILITIES

Do you have caring responsibilities?

- Yes, Childcare (children under 14)
- Over 65 years
- Yes, other
- No Caring Responsibilities

3. GENDER

Are you?

- Male
- Female

6. DISABILITY

Do you consider yourself to be:

- Disabled
- Not Disabled

7. ETHNIC ORIGIN

(Please tick one category from A,B,C,D or E) (These categories are taken from the 2001 census)

A. White	B. Mixed	C. Asian, Scottish Asian, or Asian British	D. Black, Black Scottish or Black British	E. Other ethnic background
<input type="checkbox"/> Scottish <input type="checkbox"/> Other British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White Background	<input type="checkbox"/> Any mixed background	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other black background	<input type="checkbox"/> Any other background

8. Data Protection Act 1988

We would ask you to confirm your consent to the information you have provided being used to monitor the effectiveness of Glassford Day Nursery's Equal Opportunity Policy.

I understand that if I am successful in my application, this information will be entered on to the Nursery's computerised personnel / payroll system.

Signed.....

Date.....

GLASSFORD DAY NURSERY LTD

HEALTH QUESTIONNAIRE – PRE EMPLOYMENT

**Please complete all sections on this form which will be treated as confidential.
An applicant may be asked to undergo a pre-employment assessment.**

Name _____

Address _____

Post _____

Date of Birth: _____

Telephone Number: _____

Gender (Male or Female): _____

Height (Metres or Feet): _____

Weight (Kilos or Stones) : _____

Is your weight (Please tick): Increasing
Stationary
Decreasing

1. Occupational History / Past Employment

Present Employment

Name (Company)	Job Title / Duties	Dates (From / To)

Have you ever suffered from an industrial disease or had a serious industrial accident? Yes No

Have you ever been advised for medical reasons not to do night work,
Shift work or any other kind of work? Yes No

If you answered yes to either of the above, please give details:

2. Medical History

Are you under the care of a doctor? Yes No

Are you receiving any medical treatment (e.g. Pills, injections, ointments) Yes No

Have you required prolonged treatment within the last 12 months Yes No

Have you had any illnesses, operations or injuries in the past which have
Caused you to be off work for more than four weeks Yes No

If you answered yes to either of the above, please give details:

Do you have problems with your eyesight? Yes No
 Do you wear glasses or contact lenses? Yes No
 Do you have problems with your hearing? Yes No
 Do you wear a hearing aid? Yes No
 Do you have problems with mobility? Yes No
 Do you drink alcohol? Yes No
 Have you ever had an addiction to drugs/alcohol? Yes No
 Do you smoke? Yes No

How many cigarettes per day: _____ How many units of alcohol per week? _____

Do you have, or have you ever had any of the following: (please tick appropriate boxes)

- | | | |
|--|--|--|
| <input type="checkbox"/> Eye problems | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Liver problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Thyroid trouble |
| <input type="checkbox"/> Ear, nose and throat problems | <input type="checkbox"/> Lung or breathing problems | <input type="checkbox"/> Kidney/bladder problems |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Migraines | <input type="checkbox"/> Infectious diseases |
| <input type="checkbox"/> Circulation problems | <input type="checkbox"/> Stomach or bowel problems | <input type="checkbox"/> Skin problems |
| <input type="checkbox"/> Nervous trouble/disease | <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Blood disorders |
| <input type="checkbox"/> Sleep problems | <input type="checkbox"/> Joint trouble e.g. <i>Arthritis/Backache/sore neck/shoulders/sciatica</i> | |

Do you have any health problems which could be affected by working shifts or at night? Yes No

If you answered yes to either of the above, please give details including dates:

Any other ailments/operations not mentioned above?

3. Family History

To allow our occupational Health Service to make a full assessment of health risks, as far as you are aware please detail any significant illness (heart, circulation, lung, nerves, diabetes, blood pressure, cancer) in your close family.

4. Declaration

I declare that to the best of my knowledge the above information is true and complete, and understand that I may be asked to attend a medical examination.

Data protection act 1998

I consent to the information provided on this form being assessed by an independent Occupational Health Adviser if the Nursery Management is considering making a job offer.

Signed:

Date:

If you are appointed a post, this form is resealed in an envelope and filed in your personal file. This file will be retained in your employing resources and you may request to access it. If you are unsuccessful in your application, the envelope will not be opened but will be retained with the papers relating to the vacancy and kept for 6 months before being destroyed

CRIMINAL RECORD

This section is to assist you in disclosing any spent convictions you may have under the Rehabilitation of Offenders Act 1974. Disclosure will not automatically discount you from interview. Glassford Day Nursery Ltd will consider applications from individuals with a criminal record on their own merits only taking into account convictions considered to be relevant to the job applied for.

Do you have any unspent convictions? *Yes / No

- If yes, please attach a letter marked Private and Confidential detailing the conviction or convictions. The content of the letter should outline the incident (s), when it was, how it was dealt with (i.e. sentence received), explanation of circumstances at the time and what are your current circumstances. Please enclose this letter with your application form.

Please note that the successful applicant will be subject to a Disclosure Scotland enhanced disclosure check and any offer will be subject to a satisfactory report.

Post

Surname Forename

Current address

..... Post Code.....

Previous name(s) and address (es) from age 16			
NAME	ADDRESS	DATE FROM	DATE TO

DECLARATION Please read the guidance note below before answering the declaration and tick the appropriate statement.

A) Have you ever been convicted of a criminal offence? Yes No

B) Do you have a court appearance pending or have you Yes No
 been charged by the Police for a criminal offence?

If you answered YES at A or b above please supply the following details:

DATE	COURT	DETAILS OF OFFENCE	SENTENCE

I certify that:

I have not withheld information that may affect my application for appointment. I understand that false information or omission may lead to dismissal. The information you have given may be verified by the Nursery through further investigation.

Data Protection Act 1998

I consent to the information which I have provided on this form being used by the interviewing panel in the decision making process which may include requesting a criminal records check. If you are appointed to a post this form is resealed in an envelope and filed on your personal file. This file will be retained and you may request access to it. If you are unsuccessful, the form will be retained in a sealed envelope with the papers relating to the vacancy and kept for 6 months before being destroyed.

Signature..... Date.....