

# LITTLE SPARKLES NURSERY

Quwwatul Islam Education Centre  
Peel Hall Street, Preston, PR1 6QQ (01772 900 786)



## Application Form

Post applied for: \_\_\_\_\_

Please complete the following details using black ink.  
Pre-prepared C.V's are not acceptable

### **Personal Details**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: Male  Female

Nationality: \_\_\_\_\_ NI No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Contact number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Do you require a work permit to take up employment in the UK? Yes No

### **Qualifications**

Do you have Qualified Teacher Status? Yes No

Qualifications gained from secondary education

Subject	Grade	Date of Award

## **Employment History**

Please give a full history in chronological order since leaving secondary education, including periods of any post-secondary education or training, and part-time and voluntary work as well as full-time employment, with start and end dates, explanations for periods not in employment, education or training, and reasons for leaving employment.

M=Month      Y=Year

<b>Dates</b>		<b>DETAILS</b>	<b>EMPLOYER</b>	<b>COMMENTS</b>
<b>From</b> <b>M Y</b>	<b>To</b> <b>M Y</b>			

## **Current employment details**

If not applicable please move to next section.

Job title: \_\_\_\_\_ Employer: \_\_\_\_\_

Date of Appointment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Brief description of duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

## **Supplementary information in support of your application**

Please provide details of any relevant training undertaken within the last three years:

<b>Certificates</b>	<b>Date Awarded</b>	<b>Date to be renewed</b>
First Aid		
Introduction to safeguarding children (Level 1)		
EYFS		
Equality and Diversity		

With support would you be prepared to offer:

	<b>Yes</b>	<b>No</b>
Care for children with additional needs		
Care for children with disabilities		
Emergency care		
Extra time on weekends		
Do you speak any additional languages?		
If so please state which ones		

Please provide below any other information you consider relevant, including your reason for applying at this time and why you consider yourself to be suitable for the post. (Continue on a separate sheet if necessary)

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## **Referees**

Please provide details of two referees; one must be your present employer or last employer if not currently employed. Please note that references will not be accepted from relatives or from people writing solely in the capacity of friends.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tele No: \_\_\_\_\_

Tele No: \_\_\_\_\_

## **Declaration**

I certify that the information given on this form is correct and complete to the best of my knowledge. I am not on List 99, disqualified from work with children, or subject to sanctions imposed by a regulatory body. I am aware that giving false information will result in my name being withdrawn from list of candidates. If such a discovery is made after I have been appointed, then I will be liable to be summarily dismissed.

If appointed you will be asked to provide an original birth certificate or passport, and proof of professional qualification.

## **Data Protection Act**

I also understand that, on appointment, the information from this form may be computerized for personnel purposes in accordance with the Data Protection Act 1984.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **For office use only:**

Date form received: \_\_\_\_\_ Sign: \_\_\_\_\_