

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS

Application for:

Job Title:

Part A: PERSONAL DETAILS

Full Name:

Title:

Address:

Postcode:

Telephone No:

Date of Birth:

National Insurance Number:

Part B: PRESENT OR MOST RECENT EMPLOYMENT

Name and address of employer:

Postcode:

Post held (job title):

Basic salary pa:

Date started:

until:

Notice Required:

Brief description of duties:

Please return to:
4 Daleham Mews London NW3 5DB

Part C: REFERENCES

Please give names and addresses of two people who can verify your employment record and give information about your suitability for this post. One should be your present or most recent employer.

Name: _____

Job Title: _____

Address: _____

Telephone No: _____

Name: _____

Job Title: _____

Address: _____

Telephone No: _____

Part D: PREVIOUS EMPLOYMENT

From:	To:	Employers Name and Address:	Job Title:

Please return to:
4 Daleham Mews London NW3 5DB

Part E: EDUCATION AND QUALIFICATIONS

Please give brief details of courses attended and examination results:

From:	To:	Examination results (subject, grade, level):

Academic/professional:

From:	To:	Examination results:

Other training courses or qualifications:

From:	To:	Brief Details:

Please return to:
4 Daleham Mews London NW3 5DB

Part F: RELEVANT SKILLS AND ABILITIES

Please support your application with a statement in which you explain how you meet the requirements of the post as described in the job description. You may also wish to set out how you would draw on your experience and achievements if appointed to the post and why you are interested in working with us. Please include details of any relevant voluntary or unpaid work. You can use the back of this form.

Part G: MONITORING - EQUALITY AND DIVERSITY

Schoolfriend has a commitment to ensure that all applicants are treated fairly and are appointed solely on their ability for the post irrespective of race, sex, disability, sexuality or age. All stages of the recruitment process are monitored to check unfair discrimination is not taking place. Please complete the following by ticking the relevant boxes as they apply to you.

I would describe my race or ethnic origin as:

- | | | | | |
|---|--|--|---|--------------------------------------|
| <input type="checkbox"/> Asian Bangladesh | <input type="checkbox"/> Asian Pakistani | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Greek or Greek Cypriot | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Asian Chinese | <input type="checkbox"/> Black African | <input type="checkbox"/> Turkish or Turkish Cypriot | <input type="checkbox"/> White UK |

White other: Please specify

Black other: Please specify

Other Asian: Please specify

My Gender is: Female Male I am aged between 16 and 65 years

Do you consider yourself to have a disability? YES NO

Where did you see this position advertised?

Are you a car driver? YES NO

Part H: DISCLOSURE OF CRIMINAL BACKGROUND, POSTS THAT INVOLVE ACCESS TO CHILDREN

The Rehabilitation of Offenders Act 1974 (exceptions and amendments) Order 1986 does not apply to posts where there is access to children. This means that applicants for employment, which involves working with children and young people, must disclose all their previous criminal convictions, including 'spent' convictions, bindover orders and cautions.

All disclosures of criminal background are strictly confidential. Checks are made only in connection with your application for employment with children and for no other purpose.

Disclosure of a criminal background will not necessarily debar you from employment- this will depend upon the nature of the offence(s), frequency and when they occurred.

All successful applicants will need to undergo an enhanced Criminal Records Bureau check.

Have you ever been convicted of a criminal offence? YES NO

Part I: DECLARATION

Please complete the following declaration and sign in the appropriate place below. If this declaration is not completed and signed with copies of relevant documentation your application will not be considered.

Providing false information or knowingly omitting any relevant fact about your eligibility for employment will result in your name being withdrawn from the list of candidates. If such a discovery is made after you have been appointed, then you will be liable to be summarily dismissed. If appointed you will be required to provide an original copy of your birth certificate or passport and if required for the post, proof of professional qualifications.

I hereby certify that all the information given by me on this form is correct to the best of my knowledge, that I have answered all questions accurately and fully and that I possess all of the qualifications, which I claim to hold.

I do/do not* require a work permit to take up employment in the United Kingdom. *(please delete as appropriate)

Signature:

Date:

Please return to:
4 Daleham Mews London NW3 5DB

HEALTH DECLARATION

Please answer the following questions. Answering yes will not necessarily exclude you from being offered a job with us however, if it is found that you did not answer honestly Schoolfriend reserves the right to terminate your contract.

Any person applying for the post of Play Leader, Assistant Area Manager or Area Manager will also be required to complete a medical consent form from Ofsted.

1. Do you suffer from any medical conditions which significantly affect any of the following:

- | | | |
|----------------------------------|--|----------------------------------|
| <input type="checkbox"/> Sight | <input type="checkbox"/> Walking | <input type="checkbox"/> Bending |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Climbing Stairs | <input type="checkbox"/> Lifting |

2. Are you currently taking any medication or having treatment from a doctor, hospital or any other medical practitioner?

- YES NO

If Yes, please give brief details:

3. Have you suffered from any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Depression, anxiety or stress related illness? | <input type="checkbox"/> Back, Neck or problems with joints, arms or legs? |
| <input type="checkbox"/> Blackouts, fits, epilepsy or faints? | <input type="checkbox"/> Alcohol or drug dependency or misuse? |
| <input type="checkbox"/> Diabetes? | <input type="checkbox"/> Do you smoke? |
| <input type="checkbox"/> Breathing difficulties, including Asthma? | <input type="checkbox"/> *Do you drink alcohol, if YES how much per week? |

*How much alcohol per week?

I declare that to the best of my knowledge the answers given to the questions above are full and correct.

Signature: _____

Date: _____