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| Nursery | Practioner | |  |  |  |  |  |  |  |
| **application form** | | |  |  |  |  |  |  |  |
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| **personal details** | | |  |  |  |  |  |  |  |
| surname |  |  |  |  | first name | |  | title |  |
|  |  |  |  |  |  |  |  |  |  |
| address |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| email address | |  |  |  |  | telephone no. | |  |  |
|  |  |  |  |  |  |  |  |  |  |
| date of birth | |  |  |  |  |  |  |  |  |
| do you drive? Yes/no | | |  |  | do you have access to a car? Yes/no | | | |  |
|  |  |  |  |  |  |  |  |  |  |
| do you wish to work full or part time? | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **professional qualifications** | | | |  |  |  |  |  |  |
| **please give details of childcare qualifications** | | | | |  |  |  |  |  |
| Qualification | |  |  | Date qualified | | Where obtained | |  |  |
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| Do you have a current first aid certificate? | | | | yes/no | Date obtained | |  |  |  |
| Do you have a food hygiene certificate? | | | | yes/no |  |  |  |  |  |
| Do you have additional skills e.g. Special needs, languages? | | | | | |  |  |  |  |
| Do you have a recent DBS check?(previously known as CRB) | | | | | | yes/no |  |  |  |
| Do you have any criminal convictions? Yes/no | | | | |  |  |  |  |  |
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| **employment history** | | |  |  |  |  |  |  |  |
| please give details of your last 3 jobs. Most recent position first. | | | | | | |  |  |  |
| 1. Name and address of employer | | | | position held | |  | start/leave dates | |  |
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| 2. Name and address of employer | | | | position held | |  | start/leave dates | |  |
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| 3. Name and adress of employer | | | | position held | |  | start/leave dates | |  |
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| **References** | |  |  |  |  |  |  |  |  |
| **please give details of two professional childcare referees.** | | | | | |  |  |  |  |
| Name |  |  |  |  | Name |  |  |  |  |
| Position |  |  |  |  | Position |  |  |  |  |
| Address |  |  |  |  | Address |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Postcode |  |  |  |  | Postcode |  |  |  |  |
| Email address | |  |  |  | Email address | |  |  |  |
| Tel. No: |  |  |  |  | Tel No: |  |  |  |  |
| Relationship to you | |  |  |  | Relationship to you | |  |  |  |
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| Briefly outline what you feel you would bring to Bell Nursery | | | | | |  |  |  |  |
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| Are you in good health? If not please give details | | | | |  |  |  |  |  |
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| I declare that the information given in this form is complete and accurate. I understand that these | | | | | | | | | |
| details will be held in confidence by the Company in compliance with the Data Protection Act 1998. | | | | | | | | | |
| I also confirm that I am legally entitled to work in the United Kingdom, and that any offer of | | | | | | | | |  |
| employment will be subject to an enhanced DBS (CRB) check. | | | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Signed |  |  |  |  |  | Date |  |  |  |
|  |  |  |  |  |  |  |  |  |  |