

Private and confidential

JOB APPLICATION FORM

Date received:

To help us reduce our costs, we do not automatically acknowledge receipt of application forms or write to unsuccessful applicants.



IF YOU HAVE HEARD NOTHING WITHIN 2 WEEKS OF THE CLOSING DATE, PLEASE ASSUME THAT YOUR APPLICATION HAS BEEN UNSUCCESSFUL.

1. Vacancy Details

Job Title	
Ref	
Closing Date	
Grade	

2. Personal Details

Surname	
Forenames	
Address	
Telephone (home)	
Telephone (work)	
Postcode	
Mobile	
Email	
Are you a resident of the Nottingham City area?	Yes/No

3. Employment details

Are you currently in any form of regular paid employment/work?	Yes/No
Present/most recent employment	
Name and address of present employer	
Present Post	
Date commenced/left if applicable	
Salary/wage	£
Other financial benefit	
Period of notice	
Brief description of duties:	



5. Membership of professional bodies

Membership of professional bodies - Proof of membership may be required.

Body	
Grade of membership	
Date	

6. Relevant training courses

Attendance at training courses relevant to this job.

Organising body	
Course title	
Duration	
Date	

7. Information in support of your application

Please attach additional sheets to explain how you meet each of the requirements. You should draw on your knowledge, skills and experience gained from paid work, training domestic responsibilities, education leisure interests and voluntary activities.

Please note that C.V.'s can only be considered alongside a fully completed application form and additional sheets.

8. Referees



Please give the names of two referees. One of your referees must be your present/last employer. If you have not been previously employed then Head Teacher/Lecturers, Employment Advisors etc are acceptable.

Please note that is our policy for this particular post to take up references prior to interview, and that we reserve the right to approach any of your previous employers for a reference. Friends and relatives are not acceptable as referees.

1. Name and address:	
Position:	
Telephone no: -	
Email ad dress:	
2. Name and address:	
Position:	
Telephone no: -	
Email ad dress:	

9. Protection of Children :

Disclosure of Criminal Background

Look Inside Sensory Learning & Play LTD. is committed to the protection of all those who use it's services and of it's employees. Where it is necessary to protect children and vulnerable adults LISL&P will apply to the DBS for a disclosure, which will give details of a person's criminal record and information held by the Department of Health and the Department for Education and Skills. We will use the DBS to assess an applicant's suitability for employment in certain occupations and will comply with the DBS Code of Practice whilst undertaking to treat all applicants fairly.

Rehabilitation of Offenders Act (1974)

This post is not covered by the Rehabilitation of Offenders Act. You must declare all convictions even those which for any other purpose would be classed as spent (including cautions and reprimands)

Do you have any convictions to declare?	Yes/No
If yes, please give details of offence(s), dates and sentences	

Where did you find out about this vacancy?	
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Please give details of any dates during the next four weeks when you would not be available for interview.	
Please tell us about any requirements that you would like us to consider to ensure we offer you a fair selection process. E.g. wheelchair access, sign language interpreter, additional reading time etc.	

10. General details



11. EQUALITY AND DIVERSITY MONITORING

We welcome applications from all sections of the community and it is our policy to recruit purely on the basis of ability. The information you provide in this section will not form any part of the selection decision. Our equality and diversity policy recognises that our workforce should reflect the community it serves. Please answer the following questions to help us monitor how effective our policy is.

Date of birth:

Age:

Sex: Male/Female

Do you consider yourself to be disabled? Yes/No

Do you have any long-term illness, health problems or disability that, with or without the use of aids or medication, limits your daily activities? (Please see Guidance Notes for definition of long-term and aids) Yes/No

My racial/ethnic origin is:

- A. White
- B. Mixed
- C. Asian or Asian British
- D. Black or Black British
- E. Chinese or Other Racial Group
- British
- White & Black Caribbean
- Indian
- Black Caribbean
- Chinese
- Irish
- White & Black African
- Pakistani
- Black African
- Other Racial Group

Other White

White and Asian

Bangladeshi

Other Black

Other Mixed

Other Asian

My religion is:

None

Buddhist

Hindu

Jewish

Muslim

Sikh

Other

Christian (including Church of England, Catholic, Protestant and all other Christian Denominations)



Confidentiality and Disclosure

You are advised that information given on this form may be checked with appropriate bodies to ensure its accuracy. Information relating to sex, gender, race, religion and disability will be used for monitoring purposes only. If you are successful, it will also be used for managing the employment relationship.

Declaration

I declare that I have read the Guidance notes and that the information given in this application is true. I accept that should I not have provided full and accurate information it could result in me not being appointed, an offer of employment being withdrawn or disciplinary action being taken against me.

Signed: Date: