

### **SHOOTING STAR CHILDCARE (WELLING) APPLICATION FORM**

You must complete all sections of the Application Form in black ink or electronically. We will use this to decide on your suitability for the post so please make sure this is accurate and complete. CVs will not be accepted.

Position applied for:	Closing Date:
How did you hear about this vacancy?	I
Personal Details and Contact Details	
Full Name:	
Date of Birth:	
Home Address:	The state of the s
Postcode:	
Daytime telephone number:	公
Evening telephone number:	
Mobile number:	₹Z
Email address:	
National insurance number:	
Right to Work Share code (if applicable):	
Entitlement to work in the UK	
the UK.  Do you have any restrictions that apply to you?	de documentary evidence of their right to work in
☐ YES (Please Provide details:)	
□ NO	



#### References

Please provide details of two referees who can comment on your suitability for this post. The referee must be a manager or supervisor. References from relatives or people who only know you as a friend are not acceptable. If you do not wish us to contact a referee prior to interview, then please tick the appropriate box. If you have not worked previously, then please give details of a school/college/university official.

REFEREE 1 (current or most recent employer)	REFEREE 2				
Do not contact prior to interview	Do not contact prior to interview				
Name:	Name:				
Relationship to applicant:	Relationship to applicant:				
Position:	Position:				
Employer/University/College Name:	Employer/University/College Name:				
Address:	Address:				
Postcode:	Postcode:				
Telephone number:	Telephone number:				
Email:	Email:				
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Employer Name:  Employer Address:	₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩				
Post Title:					
Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy) (If applicable)				
Please give a brief description of current duties, responsibilities, and achievements:					
Reason for leaving this post.					





Previous employment (Please list all your employment history and continue on additional sheet if necessary)

Name and address of Employer	Job Title	Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)	Reason for Leaving
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Registration numbers EY538575/2560315





### **Employment Gaps**

Please indicate and explain any gaps in employment since first leaving secondary education. Include specific dates and be sure to account for all gap, whatever their length.

Dates from:	Dates to:	Reason for gap:	

### **Education**

If the post requires a particular qualification, you will be asked to produce original evidence at your interview.

Education (Please list in chronological order	Level	Subjects	Grade/result	Year
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1. /33/33/	1			







Reasons for applying	for this po	st							
l									
Additional Information	on			W	1 2	3			
Are you licenced	Private	2	Motorbike		PCV	1	Other		
to drive any of the	car					N.	(give		
following? Please confirm whe	thor this wi	ll ho you	r only omploy	mont2		Yes	details)	No*	1
*If no, please give d					ether full-ti		time:	INO	
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Have you been the subject of a formal disciplinary sanction or are you in the process of ongoing disciplinary proceedings in your current						No			
employment?	ngoing ais	cipiinary	proceeding	s in you	Current				
					Yes*		No		
*If yes, please indica					ons for you	r dismissal:		-	•
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#### A) Enhanced DBS Check:

All posts are subject to an Enhanced DBS check so that any criminal background (including "spent" convictions, bind-over orders, or cautions) is disclosed to the organisation. We cannot employ someone to this post without this check. If you are successful in applying for this post, we will apply for your DBS disclosure certificate (cost to be met by applicant.)

The position for which you are applying involves contact with vulnerable groups. It is exempt from the Rehabilitation of Offenders Act 1974 and all subsequent amendments (England and Wales). For this position you are not entitled to withhold information about police cautions, bind-overs or any criminal convictions that would otherwise have been considered "spent" under the Act.

Have you ever been convicted of any offence, been bound-over or given a caution? (see notes above)
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YES* (Tick whichever is appropriate)
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*If yes, please give details in this space provided below. The information that you provide will be treated in confidence.
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B) Safeguarding Declaration
/
I declare that the information I have given on this form is complete and accurate and that:
<ul> <li>I am not barred or disqualified from working with vulnerable groups, children or young people</li> </ul>
I am not subject to any sanctions or conditions on my employment imposed by the Independent Safeguarding
Authority, Secretary of State or other regulatory body.
nationtly, secretary of state of other regulatory body.
Signed Print Name
Date

