



HSP Recruitment

HSP CHILDCARE APPLICATION FORM

PERSONAL INFORMATION

Name:.....

Address: Post
Code.....

Contact Information: Telephone: (H) (M)
(Email)

Date of Birth & Age:

Nationality:
.....

Work Permit Required:
(If Yes please provide documentary evidence of your right to work)

Full Driving Licence: Yes No
Do you have your car or use of a vehicle to get to work or will you rely upon
Public Transport?
.....

TYPE OF POSITION REQUIRED:

NURSERY: FULL TIME PART TIME TEMPORARY

Are you currently employed? Yes No
Do you have to give Notice, if so how much? Yes No Weeks
What is/are your reasons for leaving your current position?
.....

What is your current salary per hour / week? £ ph/pw

Do you have any Holiday Booked? Yes No
If Yes, when?

NEXT OF KIN:
Who may we contact in case of Emergency:
Next of Kin:
Relationship:.....
Contact Telephone Numbers:
.....

Address:

.....

What do you do to relax, what are your interests/hobbies?

.....

.....

Describe Yourself to us: Please tick any that apply to you

Sense of Humour **Fun Loving** **Laid Back** **Outgoing** **Sociable**

Authoritative **Motivated** **Inquisitive** **Accept Direction Easily**

Communicator **Disciplined** **Structured** **Flexible**

Any other words you would use to describe how you think others view you?

.....

ABOUT YOUR HEALTH

Are you taking regular prescribed medicines Yes No

If yes please provide brief details:

.....

Do you smoke? Yes No

Are you presently suffering from, or have had in the past:

Any kind of skin complaint? Yes No

Any type of allergy? Yes No

Bowel disorders?

(Typhoid, Cholera, Chronic Diarrhoea or Dysentery) Yes No

Blackouts, Migraine, Epilepsy or Fainting? Yes No

Mental or Nervous breakdown? Yes No

Heart Complaint? Yes No

Disorders of the Eyes, Ears or Nose? Yes No

Have you or any of your relatives had TB? Yes No

Jaundice or Anaemia? Yes No

Diabetes or Glandular Fever? Yes No

Are you receiving medical attention at present? Yes No

Have you ever been a carrier of Salmonella? Yes No

Do you suffer from any illness, disability or impediment that could prevent you from carrying out your duties as a Nursery Nurse? Yes No

Are you on the Disabled Register? Yes No

If you have answered YES to any question please provide details:

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General Education:

What schools or Colleges did you attend and what were the dates?

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.....

What Examinations did you take and what Grades did you achieve?

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Childcare Education:

What Childcare Qualification do you have? None NVQ2 NVQ3 NNEB
BTEC CACHE OTHER - Please Specify

Where and When did you obtain your Qualification?

Do you hold any Childcare related Certificates?

First Aid? Yes No Food Hygiene? Yes No Other? Yes No

If Yes please give brief

details:.....

.....

Employment History:

EMPLOYER:

ADDRESS:

POSITION:

DATES: FROM: To:.....

DUTIES:

EMPLOYER:

ADDRESS:

POSITION:

DATES: FROM: To:.....

DUTIES:

EMPLOYER:

ADDRESS:

POSITION:

DATES: FROM: To:.....

DUTIES:

CRIMINAL RECORDS BUREAU

All convictions, including spent ones, must be disclosed. By virtue of the Rehabilitations of Offenders Act 1974(Exceptions) Order 1975, the Rehabilitation of Offenders Act 1974 does not apply in relation to employment as a Nursery Nurse, as the care and supervision of persons under the age of 18 is involved. By signing this Application Form you agree to the Agency passing on information about any convictions you may have to prospective employers.

Do you have any prosecution pending or have you ever been convicted at a court by the police for any offence? Yes No

If yes please provide details.

Do you have an Enhanced CRB Check? Yes No

DECLARATION:

I confirm that the above information was correct at the time of completing this Application Form. I agree to allow HSP Childcare to contact previous employers in order to provide references as required and to carry out all necessary checks that relate to the positions for which I have applied. I am aware that HSP Childcare will not contact any current employer until informed that my resignation has been accepted, unless otherwise agreed. I am also aware that the information provided is protected under the Data Protection Act and that the information contained in this application form will be used solely for the purpose of securing employment.

Signed:

Print Name:

Date:

How did you hear of HSP Childcare?

.....
....

FOR AGENCY USE ONLY:

Date Interviewed:

Registration Number:

*Happy Shiny People Ltd T/a HSP Childcare PO Box 5503 Southend on Sea Essex SS2 6YX
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