The World Outside Job Application Form

Title	of post applied for							
Bef	ore completing this	form, p	lease read	the accomp	panying guidance notes.	Please write	clearly in black ink or type.	
				(Confidential			
1. F	PERSONAL DE	TAILS	(BLOCK	CAPITAL	S PLEASE)			
			(
	urname: ormer surnames				Initials: Preferred Name or			
if	different:				Title (Optional):			
A	ddress:				Tel No (home):			
					Tel No (business):			
<	Town>		<post co<="" td=""><td>de></td><td>Tel No (mobile):</td><td></td><td></td></post>	de>	Tel No (mobile):			
E.	-Mail address:				Nat. Insurance No:			
N	ationality:			-	not a British passport holder			
D	o you need a work	permit	☐ Yes	have the permanent right to remain in the UK, you will require a work pe If you already have a work permit, when does it expire?				
	to be employed in the UK? No			_	te that your current work pe	-		
W	/here did you learn	of the p	ost?					
Р	referred work arran	gement	ts:	☐ Full-tim	ne	Term time o	nly 30 hrs a week	
				I			•	
	-DUCATION AS	ID DD	0550016		AL IEIO A TIONIO			
					ALIFICATIONS e required at interview)			
			·		1	1		
	Secondary School / College / University		From	tes To	Examinations taken	Date	Result	
	,							

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	ations currently held: how o	grand and anna	
Other relevant Educa	ational or Training Courses,	with dates	
	,		
PRESENT POST			
1			
Title of Post:		Salary:	
Title of Post:		Salary: Business of Employer:	
Title of Post: Name of Employer:		Business of Employer:	
Fitle of Post: Name of Employer:		Business of Employer: Date Commenced:	
Fitle of Post: Name of Employer:		Business of Employer:	
Title of Post: Name of Employer: Address:		Business of Employer: Date Commenced:	
Title of Post: Name of Employer: Address:	<post code=""></post>	Business of Employer: Date Commenced: Date Ended (if applicable):	
Title of Post: Name of Employer: Address:	<post code=""></post>	Business of Employer: Date Commenced: Date Ended (if applicable):	sible to you (if applicable):
Fitle of Post: Name of Employer: Address:	<post code=""></post>	Business of Employer: Date Commenced:	sible to you (if applicable):
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Title of Post: Name of Employer: Address: <town></town>	<post code=""></post>	Business of Employer: Date Commenced: Date Ended (if applicable):	sible to you (if applicable):
Fitle of Post: Name of Employer: Address: Town> Please outline your re	<post code=""> esponsibilities, to whom you</post>	Business of Employer: Date Commenced: Date Ended (if applicable):	sible to you (if applicable):
Title of Post: Name of Employer: Address: <town> Please outline your recommendations.</town>	<post code=""> esponsibilities, to whom you</post>	Business of Employer: Date Commenced: Date Ended (if applicable): u are responsible and staff respons	sible to you (if applicable):

Name and Address of Employers	Position held	Reason for leav	Final salary	
<name employer="" of=""> <address 1=""> <address 2=""> <address 3=""></address></address></address></name>				
<post code=""> Date Commenced:</post>			Date Ended	
Description of duties:				
<name employer="" of=""> <address 1=""> <address 2=""> <address 3=""> <post code=""></post></address></address></address></name>				
Date Commenced:			Date Ended	
Description of duties:				
<name employer="" of=""> <address 1=""> <address 2=""> <address 3=""> <post code=""></post></address></address></address></name>				
Date Commenced:		Date	Ended	
Description of duties: <name employer="" of=""></name>				
<address 1=""> <address 2=""> <address 3=""> <post code=""></post></address></address></address>				
Date Commenced:		Date	Ended	
Description of duties:	·			•

5. RELEVANT SKIL FOR APPLYING FO	LS, ABILITIES, KNOWLEDGE, EXPERIENCE AND YOUR REASONS OR THIS JOB

OTLIED INCODMATION											
OTHER INFORMATION											
What activities outside work inte	erest you	ı? (State a	ny positior	ns held yo	u con	sider rele	vant.)				
Do you hold a current driving lic	ence?	☐ Yes	☐ No	Do you h	ave a	ccess to a	car?	□ `	Yes	☐ No	
Disabilities	*********					ام مم					
If selected for interview, do you account of a disability?	require a	any specia	arrangen	nents to be	e mad	ie on	□ `	⁄es		No	
If "yes", please give brief details											
information that you feel would			odate you	r needs du	uring	your inter	view a	ınd fu	lfil ou	r	
obligations under the Equality A	ICI 2010.	obligations under the Equality Act 2010:									
Rehabilitation of Offenders A	ct 1974	(Exceptio	ns) Order	1975							
Rehabilitation of Offenders A		•			ffende	rs Act?		Yes		No	
	are not sp	pent under	r Rehabilita	ation of Of				res		No	
Have you any convictions that a lf Yes, please provide further de	are not spetails: [Sp	pent under	r Rehabilita ctions do r	ation of Of not have to	o be c	eclared]					
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Referee 1		Referee 2	
Title (Mr, Mrs etc):		Title (Mr, Mrs etc):	
Full Name:		Full Name:	
Job Title:		Job Title:	
Organisation:		Organisation:	
Address:		Address:	
<town></town>	<post code=""></post>	<town></town>	<post code=""></post>
Tel No:		Tel No:	
E-mail address:		E-mail address:	
Please state if we may obtain this	☐ Yes	Please state if we may obtain thi	s 🗌 Yes
reference prior to interview.	☐ No	reference prior to interview.	☐ No

	ng information on this fo	pplication form is true and a rm or made any omissions,		
Signature:		Date:		
Name:				
Protection Regulati	on. You have, on writter	m may be processed for punification in request, the right of accessing the recruitment process	s to personal data	a held about you. The

Please complete all sections of this form, including the referees section at the end.

Email completed forms to sandra@theworldoutsidekindergarten.co.uk