

nursery nurse and teaching assistant
application form



Kidstaff, Admail 2109, Birmingham B36 9BR
Tel 0845 603 7898 **Fax** 0845 603 7899 **Email** enquiry@kidstaff.co.uk **Website** www.kidstaff.co.uk

personaldetails

Surname _____ First name _____ Title _____
 Address _____
 _____ Postcode _____
 Date of Birth _____ Email address _____
 Home telephone no. _____ Mobile telephone no. _____
 Do you drive? Yes No Do you have access to a car? Yes No
 Do you wish to work full or part time? _____ NI number _____
 How did you hear about Kidstaff? _____

Who should we contact in the event of an emergency?

Name _____ Contact details _____

professionalqualifications

Please give details of childcare qualifications

Qualification	Date qualified	Where obtained

Do you have a current first aid certificate? Yes No Date obtained _____
 Awarding body _____ Do you have a food hygiene certificate? Yes No
 Do you have additional skills eg. special needs, languages? _____

CV

It may be useful for future work placements if you were to enclose a detailed CV with this application form.

medicaldetails

Please answer the following question to the best of your ability

Do you have a medical condition that would prevent you from working with children? Yes No

Examples may include difficulty with lifting, infectious disease or serious mental illness.

employment history

Give details of your last three jobs. College leavers please give details of your last three placements. Most recent position first.

1	Name and address of employer/school	Position held and salary	Start/leave dates

2	Name and address of employer/school	Position held and salary	Start/leave dates

3	Name and address of employer/school	Position held and salary	Start/leave dates

references

Please give details of two professional childcare referees. One should be the manager of the last nursery in which you worked or the headteacher in the last school in which you worked. Newly qualifieds should give the name of the course tutor.

Name _____	Name _____
Position _____	Position _____
Address _____	Address _____
_____	_____
_____	_____
Postcode _____	Postcode _____
Email address _____	Email address _____
Telephone no. _____	Telephone no. _____
Relationship to you _____	Relationship to you _____

bank details

Bank/building society _____ Account name _____

Branch address _____

Account no. Sort code Building society reference no. _____

miscellaneous

I certify that the information on this form is true to the best of my knowledge. I accept the requirements of the Rehabilitation of Offenders Act 1974. I understand that this information may be stored in computer files, subject to the provisions of the Data Protection Act 1998. I understand that failure to disclose information or giving false information will result in my name being withdrawn from the Kidstaff register.

Signature _____ Date _____