Vacancy Closing Date – Thursday 10th April @ 12.00 noon

| **The Vacancy:** |       |
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| **Job Applied For:** |      Childcare Leader at First Step’s Women’s Centre, 30 hrs. per week |
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| **About Yourself:** |  |

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| Surname: |  |
| Forenames: |  |
| Address: |  |
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| Postcode: |  |
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| Home Telephone Number: |  |
| Other Telephone Numbers: |  |
| National Insurance Number: |  |

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| Are you a car owner or do you have use of a car? | [ ]  Yes [ ]  No |
| Do you have a disability which presents special needs at the selection interview? | [ ]  Yes [ ]  No |
| If yes, please give details of how we can help you: |  |
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| Your Qualifications  |

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| **Date Taken** | **Examination taken** **e.g. Degree, Post Graduate, A LEVEL, GCSE VOCATIONAL, IT etc.** | **Qualification gained & Grade** |
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| Verification of qualifications may be sought by the employer |

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| Other Information (e.g. any relevant experience or training courses you have attended etc.) |
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| Hobbies and Interests (Please give details) |
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| Employment Record (continued on page 5)  |

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| **Name and Address of employer** | **Date Started** | **Date Ended** | **Position Held****(Give brief description of duties)** | **Reason for Leaving** |
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| --- | --- | --- | --- | --- |
| **Name and Address of employer** | **Date Started** | **Date Ended** | **Position Held****(Give brief description of duties)** | **Reason for Leaving** |

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| Character References |

##  (Please give the name, address and occupation of two persons, one of which should be latest/current employer. These persons should not be related to you and have known you for a minimum of two years.)

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| **Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Address:**  | **Address:** |
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| **Postcode:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Postcode**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| **Occupation:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Occupation:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| **Telephone No.**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Telephone No.:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Do you have any objections to contact being made with your present or past employers?

## [ ]  Yes [ ]  No

If yes, please explain:

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| **How do you feel your experience to date meets the essential criteria? Please use additional pages as required.** |
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| **How do you feel your experience to date meets the desirable criteria? Please use additional pages as required.** |
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| **Declaration** |

I declare that the information that I have given is correct.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only:

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_