



20 Pond Park Road
Lisburn
BT28 3LF

T: 028 9266 1776
E: birdies01@hotmail.co.uk

APPLICATION FOR EMPLOYMENT

Please use BLOCK CAPITALS to complete this form

PERSONAL INFORMATION

Position Applied For:	
Full or Part Time Hours:	Date:
Date available to start:	
Full Name:	
Address:	
	Post Code:
D.O.B.	NI Number:
Contact Number:	Marital Status:
Email Address:	

Have you experience or ever worked in a day nursery before? Please give details of nursery and length of time there.

Do you own a clean and current driving licence?

YES NO

☐ ☐

Are you a car owner?

☐ ☐

If required, are you prepared to work shifts?

☐ ☐

On occasion, you may be required to forego a tea/lunch break, or be required to work earlier or later than your normal shift. Does this cause concern?

☐ ☐

You will be required to work throughout the different units and age groups within Birdies, regardless of your own preference. Does this cause concern?

☐ ☐

EDUCATIONAL INFORMATION

Primary School Attended:
Secondary School Attended:

EDUCATIONAL QUALIFICATIONS

Please give details of school qualifications attained.

Qualification (GCSE / A Level)	Date Taken	Subject	Grade

COLLEGE / PROFESSIONAL QUALIFICATIONS

Please give details of any relevant qualifications or courses attended after full time education that may be relevant to this post.

Qualification / Course	Duration	College / University	Result

REFERENCES

Please provide names of TWO references (one of who must be your Current or Previous Employer. Family members not accepted.) Employment with Birdies day Nursery is subject to satisfactory references being obtained.

Name:	Name:
Position:	Position:
Address:	Address:
Contact No:	Contact No:

EMPLOYMENT HISTORY

Please start with your current or former employment. Please include any voluntary work.

Employers Name & Address:
Date of Employment
Reason for Leaving:
Position Held:
Brief Description of Duties:

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Employers Name & Address:
Date of Employment
Reason for Leaving:
Position Held:
Brief Description of Duties:

Have you completed the following courses within the last 3 years?

12 hour Paediatric First Aid Certificate

Safeguarding / Child Protection Training

Food Hygiene

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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HEALTH DETAILS

Are you in general good health?

Do you take any prescribed medication? If yes please give details:

Below are a series of questions about your past and present state of health. If you answer YES to any of the questions, please provide further details at the end, or use a separate sheet if required.

Have you suffered, or do you currently suffer from any of the following.....	YES	NO
Dermatitis or other skin disorders?	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy, fainting attacks or black outs?	<input type="checkbox"/>	<input type="checkbox"/>
Injury or any other physical abnormality?	<input type="checkbox"/>	<input type="checkbox"/>
Palpitations, shortness of breath, chest pains?	<input type="checkbox"/>	<input type="checkbox"/>
High Blood pressure, or any ailment of the heart, lungs, chest or circulatory systems?	<input type="checkbox"/>	<input type="checkbox"/>
Depression, Anxiety, Nervous illness or break down?	<input type="checkbox"/>	<input type="checkbox"/>
Any vision or hearing defects?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes, Anaemia or any other blood or gland disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Varicose veins, rupture or haemorrhoids?	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatism, Arthritis, Gout, backache or disc trouble?	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic fever or any joint muscular problems?	<input type="checkbox"/>	<input type="checkbox"/>
Recurring headaches?	<input type="checkbox"/>	<input type="checkbox"/>
Ulcers, gall stones or any other ailment of intestines	<input type="checkbox"/>	<input type="checkbox"/>
Any other illness not list above?	<input type="checkbox"/>	<input type="checkbox"/>
Are you registered Disabled?	<input type="checkbox"/>	<input type="checkbox"/>

Further details of any of the above:

Please provide details of any absence from work due to illness or injury in the last 2 years, including reason for absence and number of days.

SUITABILITY CHECKS

This section will outline the suitability checks you will need to conform to before employment begins.

Full Name:

Legislation states that your application will now be sent for vetting through **AccessNI** and **Social Services** to prove your suitability to work with children.

The Code of Practice (the Code) is intended to ensure that information released in AccessNI Standard and Enhanced Disclosures is used fairly, and to provide assurance to applicants that this is the case.

The Code also seeks to ensure that sensitive personal information is handled and stored appropriately and kept for only as long as is necessary.

Guidance to the Code in the form of an Explanatory Guide can be obtained from www.dojni.gov.uk/accessni.

Is there any reason why you would not be able to work with vulnerable adults or children?

Have you been previously vetted by the Southern Eastern Health and Social Care Trust or any other trust? (please give details)

Signed: _____ Date: _____

A Criminal Record will not necessarily be an obstruction to obtaining employment within Birdies which you have applied for.

You will be required to make an appointment with Atlas Women's Centre, 7 Bachelors Walk, Lisburn BT28 1XJ, Tel: 028 92 605806, to complete an application form for Access NI. You will get a copy of this in the post and I will receive a copy of this also

This application will cost you £38.00. This process can take anything up to 4/6 weeks and you will be informed of the outcome. Only when this process has cleared you can you commence employment.

EMPLOYMENT INFORMATION

Mobile phones, cameras or any video making equipment are not permitted in any of the areas where the children are throughout the nursery. It is an immediate dismissible offense if you are reported or found to have your mobile phone on your person in the nursery. Mobiles must be kept in the staff room at all times.

A Birdies' Uniform will be provided which you should wear during working hours only. It is your responsibility to keep it and yourself clean and tidy at all times. However if you leave or are asked to leave Birdies during your probation period, a charge of £25.00 will be deducted from your final salary.

A 6 month probation period is required for all new staff members. In the event of non-suitability, you will be dismissed without notice. This also applies if Birdies proves un-suitable to you.

I have read and fully understand the above statement and have completed this application and all other relevant forms to the best of my ability.

Signed: _____

Date: _____

EMPLOYEE/ APPLICANT MONITORING QUESTIONNAIRE (PRIVATE & CONFIDENTIAL)

Reference No:

We are an Equal Opportunities Employer. We do not discriminate on the grounds of religious belief or political opinion. We practice equality of opportunity in Employment and select the best person for the job.

To demonstrate our commitment to equality of opportunity in Employment we require to monitor the community background of our Employees as required by the Fair Employment (N.I.) Order 1998.

Regardless of whether or not we practice religion, most of us in Northern Ireland are seen as either Catholic or Protestant. We are therefore asking you to indicate your community background by ticking the appropriate box below.

I am a Member of the Protestant Community

☐

I am a Member of the Roman Catholic Community

☐

I am neither of Member of the Protestant nor the Roman Catholic Community

☐

Please indicate whether you are?

MALE

FEMALE

☐☐

If you do not complete the questionnaire we are encouraged to use the 'residuary' method, which means that we make a determination on the basis of personal information on the Application Form.

NOTE: It is a criminal offence under the legislation for a person to give false information in connection with the operation of the monitoring return.