



The Children's House
Training and Consultancy in Childcare

Please complete all sections:

Personal Details

Full Name:

Title: Mr/Mrs/Miss/Ms

Full Postal Address:

Mobile Tel. No.

Post Code:

Daytime Tel. No.

Evening Tel. No.

Date of Birth:

Availability of CV :

Email:

Have you made previous application to The Children's House

If yes, please give dates:

Interests and Hobbies:

References

Please supply below names, Addresses, email and telephone no. of two referees, neither of which should be a relative or Friend.

References will be requested before any appointment is made.

Character Reference:
(Not friend or relative)
Name:

Employment Reference:
(Current or most recent employer)
Name:

Address:

Name of Organisation:

Role in Organisation:

Type of Business:

Postcode:

Address:

Tel No:

Postcode:

Email:

Tel No:

Email:

Relationship to applicant:

Relationship to applicant:

Education (Not applicable if CV submitted)
Schools Attended with Dates:

Qualifications Gained:

Further Education

Colleges/Universities attended with dates:

Qualifications Gained:

Courses Attended:

Employment History/ Work Experience:

Current salary/hourly rate:

Reason for leaving last job?

How many days off in the last 6 months have you had?

Please detail any reasons for absence

Are you currently registered with any of the following:

- 1) General Teaching council**
- 2) Scottish social services council**
- 3) general medical council**
- 4) other - please detail**

Health Information

1. When was the last time you had a doctors appointment?
2. What were your symptoms?
3. What was the diagnosis?
4. What action was taken?
5. Is it recurring?
6. Do you have any allergies? If so, give details.

Please complete the following questions

Have you ever suffered from the following?	Yes/No	If Yes, When?	How was it treated & is it recurrent?
Migraine			
Influenza			
Sickness & Diarrhoea			
Period Pains/ Cramps			
Tonsillitis/ Throat infection			
Ear Infection			
Sinusitis			
Irritable Bowel Syndrome			
Epilepsy			
Diabetes			
Asthma			
High Blood Pressure			
Back Pain			
Eczema			
Muscular Pain			
Nosebleeds			
Glandular Fever			
Emotional/ Mental Illness			
Chest Infection			
Stress			

Name of GP:

Address of GP:

Contact Tel no:

Email:

Are you currently receiving advice from	a) Medical Practitioner	Yes/No
	b) Psychologist – Educational/ Clinical	Yes/No
	c) Social Worker	Yes/No

If yes, Please give details.

Any other relevant health information:

Have you had the following inoculations?

Polio **Yes/No**

Tuberculosis **Yes/No**

MMR (Measles, Mumps And Rubella) **Yes/No**

Tetanus **Yes/No**

Meningitis: **Yes/No**

Are they up to date?

Are you currently taking any medication? Yes/No

If yes, please state the name of the medication and the reason for taking this medication.

Do you have any record of criminal offences?

If yes, Please give details.

Have you previously completed an enhanced disclosure?

Title of qualification sought from the Children's House; (tick as appropriate)

- Modern Apprentice 16/19**
- Modern Apprentice Adult**
- Children's Care Learning and Development Level IV**
- Children's Care Learning and Development Level III**
- Children's Care Learning and Development Level II**
- Playwork Level III**
- Playwork Level II**
- Management Level IV**

Declaration

The personal information that you provided will be treated as confidential and be used by The Children's House to assess your suitability as a candidate.

If your application is successful, the information will be retained and held for the duration of your qualification by The Children's House under the terms of The Data Protection Act (1998).

If your application is unsuccessful, your information can be kept for up to one year from the date of application. The information will not be kept longer than necessary or be passed to any third-parties.

As part of our application process we may consult other sources including information freely available on the internet.

I certify that the information I have given is true and correct . I agree that any offer of candidacy will be subject to satisfactory references and evidence of qualifications.

I hereby give The Children's House permission to verify the health information with my GP.

Signature of Applicant:

Date:

Signature of Interviewing Staff Member:

Date: