**LITTLE RAYS REGISTERED DAY NURSERIES & PRE-SCHOOLS**

**102 Queensway, Lambeg, Lisburn, BT27 4QP.**

**83 Galgorm Road, Ballymena, BT42 1AA,**

**3 Main Street, Moira, BT67 0LE,**

**Brownlee Pre-School, Wallace Avenue, Lisburn, BT27 4AA.**

**PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM**

**POSITION APPLIED FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REF NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **SURNAME:** | **FORENAMES:** |
| **ADDRESS:** | **NAME USUALLY KNOWN BY:** |
|  | **DOB:** |
| **POSTCODE:** | **NAT INS NO:** |
| **LANDLINE:** | **MOBILE NO:** |

email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROFESSIONAL QUALIFICATIONS, EG TEACHING QUALIFICATION, QCF 5 CHILDCARE & EDUCATION ETC.**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF QUALIFICATION** | **AWARDING BODY** | **RESULTS OBTAINED** | **DATE COMPLETED** |
|  |  |  |  |
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|  |  |  |  |

**ADDITIONAL TRAINING COURSES**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF QUALIFICATION** | **AWARDING BODY** | **DATE COMPLETED** | **EXPIRY DATE** |
| CHILD PROTECTION |  |  |  |
| FIRST AID |  |  |  |
| BASIC FOOD HYGIENE |  |  |  |
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**MEDICAL HISTORY**

|  |  |
| --- | --- |
| **LIST ANY ILLNESSES WHICH HAVE NECESSITATED MEDICAL CARE IN THE LAST 5 YEARS.**  |  |
| **HOW MANY DAYS HAVE YOU BEEN ABSENT FROM WORK OR PLACEMENT IN THE LAST 2 YEARS?** |  |
| **IF REGISTERED UNDER THE DISABLED PERSONS ACT, PLEASE GIVE REGISTRATION NO AND NATURE OF DISABILITY.** |  |
| **PLEASE INSERT DATES OF YOUR COVID VACCINATIONS.**  |  |

**Do you require any reasonable adjustments, due to disability, to enable you to attend an interview or which you wish us to take into account when considering your application e.g. sign language interpreters, making the room accessible for you?**

**If yes give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYMENT HISTORY**

**PLEASE GIVE DETAILS OF YOUR LAST 3 EMPLOYERS/PLACEMENT PROVIDERS, LISTING THE MOST RECENT FIRST.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EMPLOYER/PLACEMENT PROVIDER NAME AND ADDRESS** | **DATES OF EMPLOYMENT/****PLACEMENT** | **POSITION HELD** | **LEAVING WAGES/****SALARY** | **REASON FOR LEAVING** |
| **1.** |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
| **PERIOD OF NOTICE REQUIRED** |  |  |  |  |
| **2.** |  |  |  |  |
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| **3.** |  |  |  |  |
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**REFERENCES**

**LIST 2 REFEREES WHO ARE NOT RELATED TO YOU AND WHO HAVE KNOWLEDGE OF YOUR WORK OR ACHIEVEMENTS. AT LEAST ONE SHOULD BE FROM YOUR PRESENT OR LAST EMPLOYMENT OR PLACEMENT. A REFERENCE WILL NOT BE SOUGHT FROM YOUR PRESENT EMPLOYER WITHOUT YOUR PRIOR CONSENT. NO PERSONAL REFERENCES WILL BE ACCEPTED.**

|  |  |
| --- | --- |
| * **NAME:**
 | **TEL NO:** |
| **ADDRESS:** | **CAPACITY IN WHICH KNOWN TO THE**  |
|  | **CANDIDATE:** |
| **POST CODE:** |  |
|  | Email: |
| * **NAME:**
 | **TEL NO:** |
| **ADDRESS:** | **CAPACITY IN WHICH KNOWN TO THE** |
|  | **CANDIDATE:** |
| **POSTCODE:** |  |
|  | Email: |

|  |  |
| --- | --- |
| **ARE THERE ANY DUTIES LISTED ON THE JOB DESCRIPTION WHICH YOU FEEL YOU COULD NOT CARRY OUT FOR ANY REASON?** | **YES/NO** |
| IF YES PLEASE GIVE DETAILS: |
|  |
|  |
|  |
| **DO YOU HAVE A CURRENT, FULL CLEAN DRIVING LICENCE?** | **YES/NO** |
| IF NO PLEASE GIVE DETAILS OF ANY ACCIDENTS, CONVICTIONS OR PENDING CONVICTIONS |
|  |
|  |
|  |
| **DO YOU OWN OR HAVE THE USE OF YOUR OWN CAR?** | **YES/NO** |
| **IF YES WOULD YOU BE WILLING TO USE IT FOR NURSERY SCHOOL RUNS?** | **YES/NO** |

**PERSONAL QUALITIES**

**PLEASE LIST BELOW ALL YOR PERSONAL SKILLS, INTERESTS, ACTIVITIES AND QUALITIES WHICH WOULD SUPPORT YOUR APPLICATION FOR EMPLOYMENT.**

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**I UNDERSTAND THAT IN THE EVENT OF AN OFFER OF EMPLOYMENT I MUST SUCCESSFULLY COMPLETE AN ACCESS NI CHECK, LOCAL TRUST CHECK AND A MEDICAL IF REQUIRED BEFORE EMPLOYMENT CAN COMMENCE. EMPLOYMENT WILL BE ON THE BASIS OF A 6 MONTH PROBATIONARY PERIOD AND ONLY CONFIRMED PERMANENT AFTER THE SUCCESSFUL COMPLETION OF THIS. YOU ARE RESPONSIBLE FOR ANY COSTS WHICH MAY BE INCURRED DURING THIS PROCESS.**

**PLEASE NOTE THAT THIS INTERVIEW MAY BE RECORDED FOR TRAINING AND ACCURACY PURPOSES IF YOU HAVE ANY OBJECTION TO THIS PLEASE LET US KNOW IN ADVANCE OF YOUR INTERVIEW.**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONFIDENTIAL MEDICAL QUESTIONNAIRE**

Please complete the questionnaire below. The information is required with your interests in mind. As a result of the information given you may be referred to a doctor appointed by Little Rays so that a medical examination can be carried out. If you wish, you may request an interview with the manager either as an alternative to completing this form or to provide supplementary information or explanation. Little Rays supports the principles of equality of opportunity. Disability will not exclude anyone from being considered for employment.

FULL NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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This part of the form contains a number of queries about your past and present health and physical condition. Please tick the appropriate box.

Do you or have you ever suffered from any of the following conditions:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | No |  | Yes | No |
| Hepatitis or other skin disease |  |  |  |  |  |
| High blood pressure, heart condition |  |  | Arthritis |  |  |
| Neck or back pain or discomfort |  |  | Diabetes |  |  |
| Epilepsy, fainting, blackouts |  |  | Giddiness or headaches |  |  |
| Are you currently taking medication |  |  | Hearing or sight defects |  |  |
| Are you registered disabled |  |  | Physical/speech defects |  |  |
| Any other illness or physical condition |  |  | Do you smoke |  |  |

If you ticked 'yes' give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you prepared to submit to a medical examination if required? YES \_\_\_\_ NO \_\_\_\_\_

Are you fully vaccinated against Covid 19? YES \_\_\_\_\_ NO \_\_\_\_

During the last 2 years of employment or training, how many days have you lost due to illness?\_\_\_\_

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I declare that the information given in this form is, to the best of my knowledge, true and correct. I understand that if it is subsequently discovered that any statements are false or misleading I will be liable to have my application disqualified or subsequently have my employment terminated.

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

**Ref No: \_\_\_\_\_\_\_\_ P*rivate & Confidential***

**MONITORING QUESTIONNAIRE**

**INTRODUCTION:**

We are an Equal Opportunities Employer. We do not discriminate against our job applicants or employees and we aim to select the best person for the job.

We monitor the community background and sex of our job applicants and employees in order to demonstrate our commitment to promoting equality of opportunity in employment and to comply with our duties under the *Fair Employment & Treatment (NI) Order 1998*.

You are not obliged to answer the questions on this form and you will not suffer any penalty if you choose not to do so. Nevertheless, we encourage you to answer these questions. Your answers will be used by us to prepare and submit a monitoring return to the Equality Commission, but your identity will be kept anonymous. In all other regards your answers will be treated with the strictest confidence. We assure you that your answers will not be used by us to make any decisions affecting you, whether in a recruitment exercise or during the course of any employment with us.

**COMMUNITY BACKGROUND:**

Regardless of whether they actually practice a religion, most people in Northern Ireland are perceived to be members of either the Protestant or Roman Catholic communities.

**Please indicate the community to which you belong to 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 not a member of either the Protestant or the

 Roman Catholic communities: 

*If you do not answer the above question, we are encouraged to use the residuary method of making a determination, which means that we can make a determination as to your community background on the basis of the personal information supplied by you in your application form/personnel file.*

**SEX**

**Please indicate your sex by ticking the appropriate box below:**

 Male: 

Female: 

***Note: If you answer this questionnaire you are obliged to do so truthfully as it is a criminal offence under the Fair Employment (Monitoring) Regulations (NI) 1999 to knowingly give false answers to these questions.***

**RECRUITMENT OF EX-OFFENDERS**

**Introduction**

Little Rays complies fully with the Code of Practice, issued by the Department of Justice, in connection with the use of information provided to registered persons, their nominees and other recipients of information by AccessNI under Part V of the Police Act 1997, for the purposes of assessing Applicant’s suitability for employment purposes, voluntary positions, licensing and other relevant purposes. We undertake to treat all applicants for positions fairly and not to discriminate unfairly or unlawfully against the subject of a Disclosure on the basis of conviction or other information revealed. This policy is made available to all Disclosure applicants at the outset of the recruitment process.

**Aims**

Little Rays are committed to equality of opportunity, see separate 'Equal Opportunities' Policy, to following practices, and to providing a service which is free from unfair and unlawful discrimination. We ensure that no applicant or member of staff is subject to less favourable treatment on the grounds of gender, marital status, race, colour, nationality, ethnic or national origins, age, sexual orientation, responsibilities for dependants, physical or mental disability political opinion or offending background, or is disadvantaged by any condition which cannot be shown to be relevant to performance.

Little Rays actively promotes equality of opportunity for all with the right mix of talent, skills and potential, and welcomes applications from a wide range of candidates, including those with criminal records. The selection of candidates for interview will be based on those who meet the required standard of skills, qualifications and experience as outlined in the essential and desirable criteria.

We will always request an enhanced Access NI Disclosure. All applicants will be made aware at the initial recruitment stage that the position will be subject to an enhanced Disclosure and that Little Rays will request the individual being offered the position to undergo an appropriate Access NI enhanced Disclosure check in addition to checks carried out by our local registering Social Services Trust.

This excludes anyone applying for a cleaners post as this is classed as a non-regulated post, therefore the successful candidate will not have to complete any Access NI check as they are not in post when children are in attendance.

In line with the Rehabilitation of Offenders (Northern Ireland) Order 1978, Little Rays will only ask about convictions which are defined as "unspent" within the terms of that Order, unless the nature of the position is such that we are entitled to ask questions about an individual's entire criminal record.

We undertake to ensure an open, measured and recorded discussion on the subject of any offences or other matters that might be considered relevant for the position concerned eg the individual is applying for a driving job but has a criminal history of driving offences. Failure to reveal information that is directly relevant to the position sought could lead to withdrawal of the conditional offer of employment.

Little Rays may consider discussing any matter revealed in a Disclosure Certificate We are only able to discuss what is contained on a Disclosure Certificate and not what may have been sent under separate cover by the Police with the subject of that Disclosure before considering withdrawing a conditional offer of employment.

We ensure that all those in Little Rays who are involved in the recruitment process have been suitably trained to identify and assess the relevance and circumstances of Disclosure information. We also ensure that they have received appropriate guidance and training in the relevant legislation relating to employment of ex-offenders (e.g. the Rehabilitation of Offenders (Northern Ireland) Order 1978).

We undertake to make every subject of an Access NI Disclosure aware of the existence of the Code of Practice which can be viewed on [www.accessni.gov.uk](http://www.accessni.gov.uk/), and to make a copy available on request.

HAVING A CRIMINAL RECORD WILL NOT NECESSARILY DEBAR YOU FROM WORKING WITH LITTLE RAYS. THIS WILL DEPEND ON THE NATURE OF THE POSITION, TOGETHER WITH THE CIRCUMSTANCES AND BACKGROUND OF YOUR OFFENCES OR OTHER INFORMATION CONTAINED ON AN ENHANCED DISCLOSURE CERTIFICATE OR PROVIDED DIRECTLY TO US BY THE POLICE.

**This links with our ‘Staffing’ and ‘Child Protection’ policies.**