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***St Paul’s Community Playschool, 4a Ridley Avenue, Ealing, London, W13 9XW***

***Tel: 07825 247 840 (playschool) 020 8579 9444 (office)***

[*playschool@stpaulsealing.*com](mailto:playschool@stpaulsealing.com)

Registered Charity No: 1032274

**STRICTLY PRIVATE & CONFIDENTIAL**

Applicants for a post with Playschool will need to show that they have the necessary skills, experience and attitudes relevant to the advertised vacancy.

**Application Form**

Basic Notes for completing this form:

1. Please give as much relevant detail as possible in each section.
2. For any sections where you require more space continue on a separate sheet of paper and attach it to the relevant page(s).
3. When completed please send this form to St Paul’s Community Playschool, 4A Ridley Avenue, Ealing, London W13 9XW or give it to Bri L’Hostis.

**POST APPLIED FOR**: Playschool Assistant / Play Leader

**PERSONAL DETAILS**

Title Surname: First name

Address

Postcode

Tel No: Home Business Ext.

Mobile: e-mail:

Date of birth:

Do you require a work permit? Yes/No

Please state any inconvenient interview time: morning/afternoon

When could employment commence if offered the post?

**HEALTH** *- If you are appointed you may be asked for further medical information and you may be requested to undergo a medical examination*

Do you regard your health? Excellent / Good / Fair / Poor

What is the approximate number of days you spent absent due to illness over the last year?

If the sick leave was lengthy, was there a specific reason? Yes/No

If yes, please give causes of absence and dates

**REFERENCES** – (3 referees are needed – present or past employer if not currently employed, to be related to the post applied for.) References may be taken up prior to job offered.

**Employer Reference 1**

(present or past employer if not currently employed)

Name Title Tel No:

Address

Post code:

Email address:

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**Employer Reference 2**

Name Title Tel No:

Address:

Post code:

Email address:

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**Church leader Reference**

(personal mentor or friend who has known you at least two years)

Name Title Tel No

Address

Post code:

Email address:

**EDUCATIONAL RECORD**

**Secondary School**

School Date: From To

Address

Examinations Passed

**College / University**

School Date: From To

Address

Qualifications Gained

**Additional Qualifications Gained** *(in relation to this post)*

School Date: From To

Address

Qualifications Gained *(please continue on a separate sheet if necessary)*

**CHURCH AFFILIATION**

Name of Church

How long have you attended?

Name of Church Leader

Give details of your involvement in your church and include any responsibilities held.

**EMPLOYMENT RECORD**

**1. Name and address of present / last employment**

Post Held Date: From To

Present Salary

Please outline your main duties and responsibilities

Reason you wish to leave / have left

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**2. Name and address of previous employment**

Post Held Date: From To

Reason for job change

Please outline your main duties and responsibilities *(continue on a separate sheet if necessary)*

**RELEVANT SKILLS –** Please tell us about any additional skills you may have that are relevant to this role. Please use a separate of paper if necessary.

**Application to St Paul’s Community Playschool**

How did you hear about the vacancy?

Why do you wish to join the St Paul’s Community Playschool?

How do you think your background, training and experience will equip you for this post?

*(see person specification to give answers that demonstrate the essential and desirable attributes and experience required)*

What strengths and weaknesses will you bring to this particular post?

Please add any information that you feel will further support this application.

**ADDITIONAL INFORMATION**

Please list your interests, activities, hobbies, memberships of organisations including any positions of responsibilities outside work.

**DECLARATION**

I confirm that the information on this application form is to the best of my knowledge true and complete.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHEN COMPLETED, PLEASE RETURN THIS FORM TO THE ABOVE ADDRESS**