



Cairn Mhor Childcare Partnership Ltd, 8 Pentland House, Saltire Centre, Glenrothes
Tel: 01592 631031, email: mairi.moggach@cairnmmhor.org

Position Applied for:

Personal Details

Forename:	Middle Names:
Surname:	
Title:	Other names by which you have been known:
Address	Telephone No:
Do you have a current clean driving licence? YES / NO	Comments:

Educational Qualifications (please list)

<u>Name of Educational Establishment(s)</u>	<u>Course(s) Studied and result</u>	<u>Year(s) of study</u>

Other relevant Training undertaken (please list)

<u>Name of Training Provider</u>	<u>Training course(s) and result</u>	<u>Year training undertaken</u>

Professional Memberships (please list any professional bodies you currently belong to/have belonged to)

<u>Professional Body</u>	<u>Status of membership</u>

Employment Records

Absence

How many days absence from work have you had as a result of ill health over the last 3 years? (please circle the appropriate range)

0 - 3

4 - 10

11 - 20

21 - 29

30+

You may give details below if you wish

Fit for Work declaration

Please note in signing this application form you are confirming you do not have any health issues that would affect your ability to fulfill the job description of the post applied for.

Disciplinary or Grievance Procedures

Have you been the subject of either disciplinary or grievance procedures in any of your previous employment? YES / NO (please circle appropriately)

If so, please give details including outcome (s)

Complaints

Have you ever been the subject of a complaint made by a service user, member of the public or colleague?

YES / NO (please circle appropriately)

If so, please give details including outcome (s)

Records Check

Please note - The disclosure of a criminal record or caution will not debar you from appointment unless the selection panel considers that the conviction renders you unsuitable for appointment. **However, this post is exempted employment within the terms of the Rehabilitation of Offenders Act 1974 (Exemptions) Order, as amended. You are therefore required to declare ANY convictions, whether or not they would, in terms of the Act, be classed as spent.**

Failure to disclose important information may disqualify you from appointment or lead to summary dismissal.

If selected for the position, we will check your details against the Department of Health Consultancy Service and criminal records held by the Police, prior to an offer of employment.

Have you been convicted of a criminal offence (including driving offences)? YES / NO (please circle appropriately)

If so, please give details including outcome(s)

Are you presently the subject of a criminal investigation? YES / NO (please circle appropriately)

If so, please give details

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Special Skills and Relevant Life Experience (Please detail any special knowledge, skills or experience that you consider are relevant to your application for this position. Take as a guide the contents of the Job Description and Person Specification. You may go into as much detail as you wish, and attach up to two separate pages.

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References

Please give the names of two referees who can be contacted now in reference to you application. Relevant work referees are preferred, and one should be your present or most recent employer. In selecting your referees, please select as far as possible people who are able to speak objectively about your suitability for the position.

1. Name	Occupation
Address	
Telephone (Business)	Telephone (Home)

2. Name	Occupation
Address	
Telephone (Business)	Telephone (Home)

Please use this section to add any details/comments from the previous questions when you ran out of space

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I certify that my answer to each of the above questions is true and that the information provided is correct.

Applicant's Signature _____

Date _____