



Life Education

East Midlands

Helping children make healthy choices

Application Form: Educator (North Nottinghamshire Based)

PRIVATE AND CONFIDENTIAL

Ref. No:

Please return this form to: Liza Varney. Applications by email will be accepted.

Send to liza@lifeeducationeastmidlands.co.uk. Signed copies should be marked Private and Confidential and sent to Life Education East Midlands Ltd, 52 Fleam Road, Clifton Grove, Nottingham. NG11 8PL

You may if you wish attach a CV as well. If you wish to supply any additional information to support your application not covered by the form, please do so in a covering letter.

Surname	Forename(s)	Title
Address		
Postcode		
Email		
Date of Birth (optional)	Telephone Number (daytime)	
NI No.	Telephone Number (evening)	
Current driving licence? Yes/No	Details of Endorsements	
Expiry Date:		
Are there any restrictions on you taking up employment in the UK? Yes • (please provide details) No •		
When would you be able to start training?		

EDUCATION HISTORY

Schools	Qualifications gained

Colleges/Universities	Qualifications gained
Other training	
Details of membership of professional or technical institutions or societies	

OTHER EMPLOYMENT

<p>Please note any other employment you would continue with if you were successful in obtaining this position</p>

EMPLOYMENT HISTORY (Complete in full with most recent first and use a separate sheet if necessary)

DATES FROM - TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND BRIEF DESCRIPTION OF DUTIES	RATE OF PAY	REASON FOR LEAVING

EXPERIENCE

Please give details of experience and any other relevant factors e.g. voluntary work or leisure time activities that would help us in considering your application

LEISURE

Please note here your leisure interests, sports and hobbies, other pastimes etc.

REFERENCES

Please provide details of two professional referees who know you well enough to provide information relating to your suitability to the post. One of them must be your present or most recent employer. If you are a student, please give an academic referee.

1. Name: Position: Organisation: Address: Postcode:	2. Name: Position: Organisation: Address: Postcode:
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<p>Tel No:</p> <p>Email:</p> <p>May we approach prior to interview? Yes/No</p>	<p>Tel No:</p> <p>Email:</p> <p>May we approach prior to interview? Yes/No</p>
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Please use this section or insert a typed sheet of your own to answer the following question and tell us about the skills, experience and qualities you would bring to the post.

“Having read the job description and information on Life Education, I am confident I would be a good Educator because...”

SPECIAL REQUIREMENTS

Because this position involves the care of children and/or vulnerable adults, employment is dependent on the following:

- 1) Your written consent to obtaining an enhanced disclosure certificate from the Disclosure & Barring Service or an approved umbrella body.
- 2) Such disclosure being acceptable to the company.
- 3) Proof of identity – birth or marriage certificate (where appropriate) and passport (if available).
- 4) Two satisfactory written references.
- 5) That you will supply a photograph of yourself for retention in your records.
- 6) Evidence of physical or mental suitability for your work.
- 7) Sight of original qualifications (not photocopies)

DECLARATION (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Disclosure & Barring Service for an enhanced disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Name of applicant (please print)

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Signed:

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Date: