

## **DOTS N SPOTS DAY NURSERY & OUT OF SCHOOL CLUB**Station Lane, Skelton, Saltburn, Cleveland, TS12 2LR

Tel: 01287 654930 | E Mail: info@dotsnspots.co.uk

Company Registration Number: 04906374 Charity Registration Number: 1110557

## THANK YOU FOR EXPRESSING INTEREST IN JOINING OUR TEAM! PLEASE ENSURE YOU COMPLETE ALL RELEVANT SECTIONS OF THE APPLICATION FORM AND ATTACH A BRIEF COVERING LETTER, TELLING US A LITTLE ABOUT YOURSELF.

## **APPLICATION FORM** Position applied for: Title: D/O/B: First Name: Surname: Address: Postcode: Mobile No: Tel No: Email: **EDUCATION** please include the place of study, examinations taken, results and dates.

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ADDITIONAL INFORMATION				
PLEASE SHARE ANY OTHER RELEVANT INFORMATION TO SUPPORT YOUR APPLICATION.				
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Do you consider yourself disabled under the Disability Discrimination Act?				
	vill do all we can to make reasonable adjustments to			
accommodate any d	isability you may have.			
Dlagga datail any adjustments you feel we sh	ould make in the recruitment process and the			
	applying for.			
post you ure	applying ion			
<u>REFERENCES</u>				
Please include names and addresses of two people v	who can be asked for information about you. One of			
your references should be your current or last emplo	oyer. If you have not had previous employment,			
please give details of someone who can provide a ch	aracter references. This must be a person who has			
known you for at least two years.				
Reference 1	Reference 2			
Relationship to applicant:	Relationship to applicant:			
Tel number:	Tel number:			
Email:	Email:			
At what stage can referees be contacted?	Prior to interview:			
	Only upon job offer:			
<u>DECLARATION</u>				
	the information given on this form is correct.			
Signature:	Date:			