

## Widecombe Pre-school & Toddlers, Church House, Widecombe-in-the-Moor, Newton Abbot, Devon. TQ13 7TB

Please send applications by email to the Chair of Preschool – Rose Underhill Tel: 01647 221202

Email: <a href="mailto:chairwidecombepreschool@hotmail.co.uk">chairwidecombepreschool@hotmail.co.uk</a>

Please do not send applications to Church House as the setting is closed during August and your application will not be received. Deadline for applications is Noon on Monday 31<sup>st</sup> August 2020.

Private & Confidential	
marital status, sexuality	from people from all sections of the community, irrespective of their y, age, gender, disability, race, colour, nationality, ethnic, national have the necessary attributes to carry out the job.
Post applied for:	
Full name:	
Address:	
Postcode:	
Tel number/s:	
Email address:	
Do you have the ability to travel to fulfil the requirements of the post?	
QUALIFICATIONS/ ED	UCATION
Please give details of th and dates:	ne <b>qualifications</b> you have achieved with details of training providers

Please give details of relevant solution providers/ dates:  EMPLOYMENT HISTORY	hort cou	irses you	have attended wi	th details of training
Current employment	From	То		Reason for leaving
Past employment (continue on a separate sheet if necessary)				

SUPPORTING STATE	MENT		
	asons for applying for the which you wish to have		
	hobbies, spare time ac		
organisations etc.			
(continue on a separate	sheet if necessary)		
REFERENCES	roca talanhana numbar/	a and amail address a	of two reference and of
	ress, telephone number/ present/most recent er		
	any gaps in employment.	nployer. A millimum (	or live years must be
Deferences will be take	n un hafara tha intanziaw		
References will be take	n up before the interview		
1.			
2.			
Do you have a disability	/2 Ves No		
Do you have a disability	: 165 NO		
	able adjustments to he		
	process and, if successfe applicant guidance note		
your job. I lease see the	s applicant guidance note		
How did you find out ab	out the post?		
DECLARATION			

1.	l ac	cknowle	edge	that ar	appo	intment	if offered	lliw b	be	subject	to	satisfa	ctory	med	dica
cleara	nce.	Currer	itly I a	am in g	ood he	ealth;									

- 2. I children. I confirm that I do not live with anyone who has been disqualified to work with
- 3. I confirm that there is nothing in place to prevent me from working with children.
  4. I declare that the information given on this form is correct and understand that on appointment any misleading statements or deliberate omissions will be regarded as grounds

for disciplinary action.	
Signature	Date
Committee Use Only	
Shortlisting Date	
Shortlisted Y/N	
Panel members	
Date of interview	
Comments	