

2 DA STAGE PERFORMING ARTS & CHILDCARE CLUB

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Company Number: 07800698 Ofsted Number: EY441090



Job Application Form

Position Applied For

(please select all that are relevant – you are able to apply for more than one role on this form)

Supervisor	<input type="checkbox"/>	Deputy Supervisor	<input type="checkbox"/>	Playworker (term time only)	<input type="checkbox"/>
Playworker (holidays only)	<input type="checkbox"/>	Playworker (all year round)	<input type="checkbox"/>	Dance teacher	<input type="checkbox"/>
Drama Leader	<input type="checkbox"/>	Music Leader	<input type="checkbox"/>		

Personal Details

First Name:		Surname:	
National Insurance number:			
Address:			
Postcode:		Tel:	
Mobile:		Email:	

If you would like assistance with completing this form, please contact the office on the number above.

Past Employment:

Please indicate any paid or unpaid work experience in chronological order, accounting for any gaps.

Post & Salary			Post & Salary		
Name and Address of Employer			Name and Address of Employer		
From/To			From/To		
Reasons for Leaving			Reasons for Leaving		

Post & Salary		Post & Salary	
Name and Address of Employer		Name and Address of Employer	
From/To		From/To	
Reasons for Leaving		Reasons for Leaving	

Post & Salary		Post & Salary	
Name and Address of Employer		Name and Address of Employer	
From/To		From/To	
Reasons for Leaving		Reasons for Leaving	

Additional Information: Please use this section to tell us about any personal skills, interests and experience which are relevant to the post that you are applying for. This may include experience from employment, voluntary work, hobbies, education, past performances, projects etc.

You could also use this space to let us know if you are a first aider or have done any safeguarding training.

References

Please give the names and addresses of two people able to provide us with a reference, and the capacity in which they know you. One must be your present or most recent employer if applicable:

Name		Name	
Occupation		Occupation	
Address		Address	
Post Code		Post Code	
Phone		Phone	
Email Address		Email Address	

Declaration:

I confirm that the information given is true and complete to the best of my knowledge:

Signed: _____

Date: _____

Rehabilitation of Offenders Act 1974

This post is exempt from the Rehabilitation of Offenders Act 1974

Have you ever been convicted of a criminal offence? Please circle

YES NO

If YES please specify date of conviction, nature of offence and sentence imposed. Any information you provide will be treated as strictly confidential and will be considered only in relation to your application.

Date	Offence	Sentence

Please note that you will be required to complete a Criminal Records Bureau check (DBS) if successful in your application.

Declaration:

I confirm that the information given is true and complete to the best of my knowledge:

Signed:

Date:

Print Name: