**REGISTRATION FOR TEMPORARY WORK**

|  |  |
| --- | --- |
| *Full Name* |  |

|  |  |
| --- | --- |
| *Address* |  |
|  | *Post Code* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Date of Birth* |  | *Email Address* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Home No* |  | *Mobile No* |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Driver Car* |  | *Public Transport* |  | *Areas you can work* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *DBS No* |  | *Update No* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Next of Kin* |  | *Mobile No* |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Days* | *Monday* | *Tuesday* | *Wednesday* | *Thursday* | *Friday* |
| *7.30 – 1.30* |  |  |  |  |  |
| *1.30 – 6.30* |  |  |  |  |  |
| *Holiday cover* |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| *Date* | *School/ College/ University* | *Qualification* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Do you have any Medical / Allergies Conditions includeDays Absent in the last 2 years |  |

 **EMPLOYMENT HISTORY**

|  |  |
| --- | --- |
| *Current Employer/ Address* |  |
| *Job Role:**Dates / Salary* |  |
| *Setting Size / Room:**What you do?* |  |

|  |  |
| --- | --- |
| *Previous**Employer/ Address* |  |
| *Job Role:**Dates / Salary* |  |
| *Setting Size / Room:**What you do?* |  |

|  |  |
| --- | --- |
| *Previous**Employer/ Address* |  |
| *Job Role:**Dates / Salary* |  |
| *Setting Size / Room:**What you do?* |  |

|  |  |
| --- | --- |
| *Tell us about yourself:* *Your Strengths / Weaknesses:* *Your Goals Achievements / Aspirations* |  |

**REFERENCES**

|  |  |
| --- | --- |
| *Current Employer* |  |
| *Address* |  |
| *Name / Position* |  | *Phone No* |  |
| *Email* |  | *Contact before Interview* |  |

|  |  |
| --- | --- |
| *Previous Employer* |  |
| *Address* |  |
| *Name / Position* |  | *Phone No* |  |
| *Email* |  | *Contact before Interview* |  |

**DECLARATIONS**

|  |  |
| --- | --- |
| *Have you ever been through a disciplinary as a result of your Childcare Practice or Safeguarding Practice? – Please give full details* |  |

**It is important all the information you have supplied is accurate. If you give any information which may be found to be false, misleading or you deliberately omit any relevant information this may lead to your application being rejected, or if you have been appointed, this may lead to your dismissal. You may not be allowed to continue with your registration with us if you fail to produce/hold the original documents. All information will be kept in accordance with the Data Protection Act. This registration form together with your documents will be retained on our electronic database and from time to time we will contact you with vacancies that are in your areas.**

**I accept: References will be taken and may be passed on to any potential Employers. The checking of information collected with third parties or with other information held by JEM Childcare.**

**I accept: Information may be passed to certain Third Parties to prevent or detect crime to protect public funds or in any other way permitted or required by law.**

**I accept: A passport or other document issued by the Home Office which has an endorsement stating that the holder has a current right of residence in the United Kingdom as the family member or a national from a European Economic Area country or Switzerland who is resident in the United Kingdom.**

**I accept: I confirm that I have completed this Registration Form and confirm that the information herein is true, and that my information will be retained on my electronic personnel file: My CV and Registration form will be used to create my Candidate Profile for prospective Employers. Documentation attached includes electronic copies of my Childcare Qualifications and photo ID (Passport and/or Driving Licence).**

|  |  |
| --- | --- |
| **Signature**  |  |
| **Date**  |  |