

# Application Form 15

## Personal Details

Confidential

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Position Applied For

Title			
Surname			
Other names in full			
Other name previously known by, including maiden name where appropriate			
Age		Nationality	
Date of birth		Place of birth	
Sex		National Insurance No.	
Marital Status		Self Employed Tax Reference No.	

### CONTACT DETAILS

#### Current Address

Road		Home Telephone	
Village		Work Telephone	
Town		Mobile Phone	
County		E-Mail Address	
Postcode			

#### Bank / Building Society Details

#### Former Addresses if moved within the previous 3 years

Bank Name		Road	
Sort Code		Village	
Account Name		Town	
Account No.		County	
		Postcode	

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## Next of Kin & Health

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Title			
Surname			
First Name			
Relationship			
Road		Home Telephone	
Village		Work Telephone	
Town		Mobile Phone	
County		E-Mail Address	
Postcode			

### HEALTH

Do you suffer from Asthma	
Do you suffer from Epilepsy	
Do you suffer from Diabetes	
Give any medical reason to prevent you from undertaking strenuous activity	
Please state any on-going illness, medical conditions or any recent (within the last 2 years) operations or injuries	

If appointed when could you start work

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## Qualifications & Employment



### WATERSPORTS QUALIFICATIONS

Discipline	Level	Date Qualified	Update Date
Canoe			
Kayak			
Stand Up Paddle Board			
B.C.U. Membership No.			
Sail			
Powerboat			
V.H.F. Radio Licence No.			
R.Y.A. Membership No.			
First Aid			

### EMPLOYMENT

	Present Occupation	Previous Occupation	Previous Occupation
Position			
Company			
Road			
Village			
Town			
County			
Postcode			
Start Date			
Finish Date			
Previous experience of working with children, either in a voluntary or professional capacity			

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017687 76572 jplatt@plattyplus.co.uk

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## Academic & Hobbies



### ACADEMIC QUALIFICATIONS

Qualification	Date Achieved

### EDUCATIONAL ESTABLISHMENTS

Name	Start Date	Finish Date

### OTHER RELEVANT INFORMATION

Recreation Interests	
Hobbies	
Voluntary or Community Work	

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**PERSONAL DETAILS**

Title	
Surname	
Other names in full	
Gender	
<b>Do you have any convictions, cautions, reprimands or final warnings that are not 'protected' as defined by the Rehabilitations of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?</b>	Yes / No
If yes, please give brief details:-	
<p><b>Note:</b> You are advised that under the Rehabilitation of Offenders Act 1974 (Exceptions) order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 you should declare all convictions including "spent" convictions cautions, warnings and reprimands.. Having a criminal record will not necessarily bar you from working with (Platty +). This will depend on the nature of your offence.</p>	
<b>Are you a person known to any Children &amp; Families Social Care Department as being an actual or potential risk to children?</b>	Yes / No
If yes, please supply details	
<b>Have you had any disciplinary sanction related to child abuse?</b>	Yes / No
If yes, please supply details	

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### REFERENCES

Please give names and addresses of three people to whom application for references may be made. References from relatives will not be accepted. At least one should be from a previous employer and one should have first-hand experience of you working with children. Please indicate if you do not want us to contact any of your referees before interview or before an offer of employment.

Name	Address	Telephone	Email	Capacity in which known to you

### DECLARATION

I consent to the processing of personal information, within the terms of the Data Protection Act 1998. Platty + will process, in order to recruit for this post, using a computer system, personal information given in connection with this application. Information relating to the successful applicant will form part of personnel records. No other use will be made of information about applicants.

I consent, at the offer stage, to apply for an Enhanced Criminal Records Disclosure, with Barred List check. I understand that the information contained in this form and in the Disclosure may be disclosed, where strictly necessary, to regulatory and government bodies, our insurance company and/or third parties who have an interest in child protection issues.

Declaration: I declare that to the best of my knowledge the information given on this form is correct and understand that misleading statements or deliberate omission may be sufficient grounds for cancelling any appointment arising from this application.

<b>SIGNED</b>		<b>DATE</b>	
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