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**Personal Information Form**

**Post Applied For:** …………………………………………………………………………………………….………………………………………….……..

**Applicant Details:**

Title …………… Surname: …………………………………………………………… Forenames: ……….…………………………………………

Previous Surname(s) ……………………………………………………….………… Date of Birth …………………………………………………

National Insurance Number ……………………………………………………….

Religious Denomination …………………………………………………………….. Ethnicity ……….……………..………………………………

Address ……………………………………………………………………………………………………………………………………………..………………..

……………………………………………………………………………………………………………………………Postcode ………………………………..

Telephone Numbers (Home) ………………………………….…………. (Mobile) ……………………………….……………………………..

Email Address …………………………………………………………………………………………………………………………………..…………………

Do you have a current full driving licence? **Yes / No**

If no, please give details: ……………………………………………………………………………………………………………………………………..

Do you have a category D1 (minibus) on your licence? **Yes / No**

Do you have any medical condition which would affect your ability to carry out the duties of this post. If so, please give details.

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| --- |
| **Yes / No** |

What is your current salary? ………………………………………………………………………………………………………………………………

**Applicants with disabilities**

Do you consider yourself to be disabled under the Equality Act 2010? If yes, please list any reasonable adjustments you might need during the interview, or when carrying out the role for which you are applying:

……………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………..

Signature: ………………………………………………………………………………. Date: ……………………………………………………………..

**REFERENCES**

Please give the names of two referees, **one of whom must be your current/most recent employer.** (please note that references from relatives or those writing solely as friends will not be accepted)

In accordance with safer recruitment guidelines, references will be requested prior to interview.

Where an applicant is not currently working with children but has done so in the past, one reference must be from this employer.

|  |  |
| --- | --- |
| **Name:** | **Name:** |
| **Position:**  **Company:** | **Position:**  **Company:** |
| **Capacity in which you know this referee:** | **Capacity in which you know this referee:** |
| **Email address (required):** | **Email address (required):** |
| **Telephone number:** | **Telephone number:** |