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# 

**Windmill Hill City Farm application form**

|  |  |  |  |
| --- | --- | --- | --- |
| Position Applied for: | Outdoors Early Years Educator | Job Ref. Number: | **202410CFS08** |

Please tick below to confirm you are able to work the hours/days/times per week we are looking for:

|  |  |
| --- | --- |
| **9 hours per week, working Thursday 8.45-1.15pm and Friday 8.30am to 1pm** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Closing date: | Monday 28th October, 12noon | Interview dates: | w/c 4th Nov 2024 |

**THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE**

## Section 1. Personal details

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Title | First | Last |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/flat |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | County | Postcode |

|  |  |
| --- | --- |
| Tel/Mobile: |  |
| Work No. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Can we contact you at work? | YES | NO |  |

|  |  |
| --- | --- |
| Email |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| National Insurance No: |  |  |  |  |  |  |  |  |  |

The Asylum and Immigration Act 1996 prohibits the employment of any person who is not entitled to work within the United Kingdom. Therefore, all successful applicants will be required to produce documentary evidence of their right to work within the United Kingdom, prior to commencement of employment.

|  |  |  |  |
| --- | --- | --- | --- |
| Do you require a work permit to work in the UK? | YES | NO |  |

**If you are successful, you will be required to provide relevant evidence of the above details prior to your appointment**

Please leave this page blank

[When printed for shortlisting, the first page including personal details, will be removed to ensure an equal and fair recruitment process]

## Section 2. Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

|  |  |  |  |
| --- | --- | --- | --- |
| **College or University** | Course | **Qualifications and grades obtained** | Dates |
|  |  |  |  |
| **School** | Subjects | **Qualifications and grades obtained** | Dates |
|  |  |  |  |

**Continue on a separate sheet if necessary**

## Professional, technical or management qualifications

|  |  |
| --- | --- |
| Professional / Technical / Management Qualifications | Course details and dates |
|  |  |
| **Membership of any professional / Technical Associations – Please state level of Membership** | |

**Continue on a separate sheet if necessary**

## Training and development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

|  |  |
| --- | --- |
| Title of training program or course | Duration of course and date taken |
|  |  |

**Continue on a separate sheet if necessary.**

## Section 3. Employment history

**Please can you tell us about your employment history.** Starting with your most recent, then going onto other jobs you have had. Tell us about the skills you have used or learned in those jobs. Please include any gap years or periods of unemployment.

|  |  |
| --- | --- |
| Name of employer: |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/flat |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | County | Postcode |

|  |  |
| --- | --- |
| Job Title: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates of employment: | Start: |  | End: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Period of notice:  (if still employed) |  | Salary: |  |

|  |  |
| --- | --- |
| Brief description of main duties: |  |

|  |  |
| --- | --- |
| Reason for Leaving: |  |

|  |  |
| --- | --- |
| Name of employer: |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/flat |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | County | Postcode |

|  |  |
| --- | --- |
| Position held: |  |

|  |  |
| --- | --- |
| Summary duties: |  |

|  |  |
| --- | --- |
| Reason for Leaving: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates of employment: | Start: |  | End: |  |

|  |  |
| --- | --- |
| Name of employer: |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/flat |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | County | Postcode |

|  |  |
| --- | --- |
| Position held: |  |

|  |  |
| --- | --- |
| Summary duties: |  |

|  |  |
| --- | --- |
| Reason for Leaving: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates of employment: | Start: |  | End: |  |

**Continue on a separate sheet if necessary.**

## Section 4. Personal statement

**Please tell us about your abilities, skills, knowledge and experience.**

**To ensure fair treatment and opportunity for all we have outlined the 5 topics which each candidate will be shortlisted against. As guidance we will be looking for a maximum of 120 words per heading.**

Please use this section to explain how you meet the requirements of the Job Description. As part of our safer and inclusive recruitment process If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

|  |
| --- |
| 1. Safeguarding – max 120 words 2. Early years curriculum – max 120 words 3. SEND, including EEDI - equality, equity, diversity and inclusion. – max 120 words 4. Working in partnership with parents and carers – max 120 words 5. Teamwork. – max 120 words |

**Continue on a separate sheet if necessary.**

## Section 5 References

Please give the names, address and telephone number of three referees. Two should be your most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Organisation |  |
| Address: |  |
| Postcode |  |
| Telephone |  |
| Email |  |

|  |  |  |
| --- | --- | --- |
| Are you willing for this referee to be approached prior to the interview? | YES | NO |
|  | | |

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Organisation |  |
| Address: |  |
| Postcode |  |
| Telephone |  |
| Email |  |

|  |  |  |
| --- | --- | --- |
| Are you willing for this referee to be approached prior to the interview? | YES | NO |
|  | | |

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Organisation |  |
| Address: |  |
| Postcode |  |
| Telephone |  |
| Email |  |

|  |  |  |
| --- | --- | --- |
| Are you willing for this referee to be approached prior to the interview? | YES | NO |
|  | | |

## Section 6. Equal opportunities monitoring form

To be used confidentially for recruitment monitoring purposes – this will not be used by the recruitment panel.

|  |  |
| --- | --- |
| Application for the post of: |  |

Windmill Hill City Farm ltd wants to meet the aims and commitments set out in our equality and diversity policy [GN06]. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

**Gender**

Male

Female

Non-binary

Other (please specify)

Prefer not to say

|  |  |  |  |
| --- | --- | --- | --- |
| Is your gender identity the same as assigned to you at birth? | Yes | No | Prefer not to say |

**Married/Civil Partnership**

|  |  |  |  |
| --- | --- | --- | --- |
| Are you married or in a civil partnership? | Yes | No | Prefer not to say |

**Ethnic Origin**

Choose ONE section from A to E and then tick the appropriate box to indicate your cultural background. These are the categories developed by the Commission for Racial Equality.

|  |  |
| --- | --- |
| **(a) Asian or Asian British**  Bangladeshi  Chinese  Indian  Pakistani  Any other Asian background  **(b) Black or Black British**  African  Caribbean  Somali  Any other Black background  **(e) White**  British  Eastern European  Gypsy  Irish  Scottish or Irish Traveller  Roma  Any other White background | **(c) Other ethnic group**  Arab  Iranian  Iraqi  Kurdish  Turkish  **(d) Mixed/multiple ethnic group**  White and Asian  White and Black African  White and Black Caribbean  Any other mixed background  Any other ethnic group  **Prefer not to say** |

**Age**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 16 – 24 |  | 25 – 34 |  | 35 – 39 |  | 40 – 49 |  |
| 50 – 59 |  | 60 - 69 |  | 70+ |  | Prefer not to say |  |

**Religion**

|  |  |
| --- | --- |
| Buddhist  Christian  Hindu  Jewish  Muslim | Sikh  None  Don’t know/not sure  Other faith/religion or belief  Prefer not to say |

**Disability**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself to have a disability or health condition? | Yes | No | Prefer not to say | |
| If yes, please specify the type of disability or health condition: | Physical | Mental | Both | Prefer not to say |
| Are you registered as disabled? | Yes | No | Prefer not to say | |

**Sexual Orientation**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Heterosexual |  | Bisexual |  | Lesbian |  | Gay |  |
| Other (specify below |  | Prefer not to say |  |  | | | |

**Carer**

**Do you have any caring responsibilities? If yes, please tick all that apply.**

|  |  |
| --- | --- |
| None  Primary carer of a child/children under 18  Primary carer of disabled child/children  Primary carer of disabled adult (18 and over)  Primary carer of an older person  Secondary carer (another person carries out main care role)  Prefer not to say |  |

## Section 7. Rehabilitation of Offenders Act (1974)

|  |  |  |
| --- | --- | --- |
| Do you have any convictions that are unspent under the rehabilitation of offender’s act 1974? | YES | NO |

|  |  |
| --- | --- |
| If yes, please give details / dates of offence(s) and sentence: |  |

## Section 8. Protecting children and vulnerable adults

The following information may be required if the post you are applying for has a requirement for a DBS police check (previously known as CRB).

**Enhanced Checks Only**

|  |  |  |
| --- | --- | --- |
| Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post? | YES | NO |

## Section 9. Equality Act 2010

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Equality Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long-term effect on their ability to carry out normal day to day activities.

|  |  |  |
| --- | --- | --- |
| After reading the job description, to the best of your knowledge is there anything you would like to disclose, which is relevant to being unable to undertake a function that is intrinsic to the job. you are applying for? | YES | NO |

|  |  |
| --- | --- |
| If yes, please give details: |  |

**We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.**

|  |  |  |
| --- | --- | --- |
| Do we need to make any adjustments in order for you to attend the interview? | YES | NO |

|  |  |
| --- | --- |
| If yes, please give details: |  |

## Section 10. How did you hear about this Job?

To help us find the best candidates for the Farm, we would like to find out where you heard about this position?

|  |  |
| --- | --- |
| **College.** please state which one |  |
| **Job sites.** eg: job centre, voscur etc. |  |
| **Social media.** please state which one |  |
| **Google search** |  |
| **Word of mouth** |  |
| **WHCF**. Our own website or marketing campaign. |  |
| **Other** - please state |  |

**Word of mouth**: If you were referred by a colleague who currently works for WHCF – please provide your colleague’s name and the department that they work in at the farm:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Colleague:** |  | **Dept.**: |  |

## Section11. Declaration

I declare that to the best of my knowledge, the information I have provided in this application is correct. I understand that Windmill Hill City Farm reserves the right to withdraw any offer of employment, or to terminate my employment if this information is found to be false.

I consent to Windmill Hill City Farm processing my data and personal information,

for the purpose of my application and employment.

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

**Safeguarding Statement**

Windmill Hill City Farm is committed to safeguarding and promoting the welfare all vulnerable groups and expects all staff and volunteers to share this commitment. Our commitment is underpinned by robust processes and procedures that seek to maximise opportunity, minimise risk and continuously promote a culture of safeguarding amongst our workforce.  
All successful applicants will be required to complete an enhanced DBS check which must be maintained throughout the period of employment.