**2019**

**PLEASE ATTACH A PASSPORT-SIZED PHOTO OF YOURSELF TO YOUR APPLICATION FORM**

BES Kaytana

**THE SUMMER SCHEME OF**

**BOREHAMWOOD & ELSTREE UNITED SYNAGOGUE**

Camp Director: Joel Sager MA, B.Ed, NPQH

**STAFF APPLICATION FORM – *GROUP ASSISTANT***

|  |  |  |
| --- | --- | --- |
| Application For The Post Of: | **ASSISTANT** | **Weeks wanted** **(tick one option)****Both weeks****Week 1 only****Week 2 only** |
| In The Group For Children Going Into: | **Reception & Year 1**  | **Years** **2 & 3** | **Years** **4, 5 & 6** |
| (please indicate your preference, writing 1, 2 or 3 in each box, 1 being the group you’d most like to work with)\* |

# 1. PERSONAL DETAILS:

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** (BLOCK LETTERS PLEASE) |  | **Title:** |  |
| Forenames: |  |
| **Address:** |  |
|  |
|  | **Post code:** |  |
| **Home Tel No:** |  | **Mobile No:** |  |
| **Email Address:** |  |
| **Date of Birth:** |  | **Nat Insurance No:** |  |

**2. EMPLOYMENT:**

|  |
| --- |
| **Current or most recent Position** |
| **Employer:** |  |
| **Address:** |  |
|  |
|  |  |  |
| **Type of Business:** |  | **Start Date:** |  |
| **Job Title** |
|  |
| **Brief Description of Duties& Responsibilities**: |
|  |

 **3. EDUCATION & TRAINING**

**SECONDARY/FURTHER EDUCATION: (*Graduates only need give details of Further Education*)**

|  |  |  |
| --- | --- | --- |
| School/College/University | **Dates**From To | Qualifications / Results with Grades\* |
|  |  |  |   |

**TRAINING:**

|  |  |  |
| --- | --- | --- |
| **Type of Training (e.g. course)** | Dates | Results if applicable\* |
|  |  |  |

**4. ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION:**

Please give details of your relevant skills, experience, knowledge and achievements, demonstrating how you meet the requirements of this post. Please continue on a separate sheet if necessary.

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**5. HEALTH:**

|  |  |
| --- | --- |
| **Have you had or do you suffer from any serious illnesses?** **If so, please state.** |  |
| **Have you received any medical treatment within the last year? If so, please state.** |  |

**6. DISABLED APPLICANTS:**

The Disability Discrimination Act 1995 defines a disabled person as anyone who has or who has had a physical or mental impairment, which has a substantial long term effect on their ability to carry out normal day-to-day activities.

|  |  |
| --- | --- |
| **Taking this definition into account, do you consider you have a disability?** | **Yes: No:**  |
| **If yes, please describe any equipment you may need, or adaptations which may need to be made to accommodate your disability:** |
|  |

**7. GENERAL:**

|  |  |
| --- | --- |
| **Do you require a work permit?** | **Yes: No:**  |
| How did you become aware of this post? |  |
| Do you hold a current First Aid certificate? | **Yes: No:**  |
| **If yes, please give details of your qualification:** |
|  |

**8. REFEREES:**

✓

Please give the names and addresses of at least 2 persons who would be willing to supply Employment and / or Character References, one of which must be from your present or most recent employer (if applicable).

Please note that all references will be taken up before any appointment is confirmed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  |  |  |
| **Position:** |  |  |  |
| **Address:** |  |  |  |
| **Telephone No:** |  |  |  |
| **Email address:** |  |  |  |

**PLEASE NOTE THAT BECAUSE OF THE NATURE OF THE WORK INVOLVED, APPLICANTS MUST SUBMIT TO A DISCLOSURE AND BARRING SERVICE CHECK.**

|  |  |
| --- | --- |
| **Have you been the subject of a DBS Check with the United Synagogue in the past 12 months?** | **Yes: No:**  |
| **If yes, please tell us who initiated the process and the reason for it:** |
|  |
| **HAVE YOU HAD A DBS CHECK DONE FOR KAYTANA IN THE LAST 2 YEARS? IF THE ANSWER IS YES, PLEASE WRITE IN THE BOX BELOW, THE DATE OF ISSUE AND THE FULL DISCLOSURE NUMBER** (both are found in the top right corner of your DBS) |
|  |
| **Have you been the subject of a Social Services Check in the last 12 months?** | **Yes: No:**  |
| **If yes, please tell us who initiated the process and the reason for it:** |
|  |

**9. STATEMENT OF APPLICANT**

|  |
| --- |
| **I certify that the answers given on this Application Form are true and complete, to the best of my knowledge.** |
| **Signature:** ………………………………………………… **Date:** ……………… |

|  |
| --- |
| **When completed, please return this form to:** |
| **STAFFING****Borehamwood Kaytana 2019****17 Tilehouse Close****Borehamwood****Herts****WD6 4AS** |