

[illegible]

**Further Education**

University/College	Dates	Subjects	Qualifications

**Professional or vocational qualifications/relevant training courses**

Name of the body	Exam/Qualification/Course/ Date

**3.) Details of present employer (if employed)****Name and Address:-****Job Title:-****Duties and Responsibilities:-**

#### 4.) **Work Experience/Voluntary Experience/Hobbies**

Please list, starting with the most recent, any previous positions you have held, with a brief description of duties and dates.

Please list, starting with the most recent, any voluntary work you have done, with a brief description of duties and dates.

Please list, any hobbies or interests you have.

### 5.) Disability

Are you registered disabled or eligible for registration?

Yes ☐

No ☐

**6.) Illness:** Give details of any major illnesses or injury in the last two years:

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**7.) References:-** Please give the names of two referees, one of whom should be your current or most recent employer.

<b>Job Role:</b>
<b>Name and Address</b>

<b>Job Role:</b>
<b>Name and Address</b>

**8.) Declaration:** - I declare that all the information in this form is true and complete.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

By 1pm on Monday 21<sup>st</sup> October 2024

<p>Iris Warnock Carryduff Play Care Centre 20a Church Road Carryduff Belfast BT8 8DT</p> <p>office@carryduffplaygroup.com</p>
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