

Childcarestudy Form – Diploma in Home-based Childcare Registration Form

Full Name

Address

Email Tel

Date of Birth

Job Title

Establishment

Address

Tel

Manager/Supervisors Name

Monitoring: The Assessment Centre has an Equal Opportunities Policy and we need to monitor how this was implemented. Completing this section is not compulsory.

Ethnic Origin

White

British (1)

Irish (2)

Other white background (3)

Black or Black British

Caribbean (12)

African (13)

Other Black background (14)

Asian or Asian British

Indian (8)

Pakistani (9)

Bangladeshi (10)

Other Asian background (11)

Mixed Heritage/Ethnic Group

White and black Caribbean (4)

White and Black African (5)

White and Asian (6)

Other mixed background (7)

Chinese (15)

Other ethnic group (16)

Other mixed heritage

Background (16)

Work Hours

Full Time

Part Time

Job Share

Job

Permanent

Temporary

Casual

Voluntary

Gender

Female

Male

Disability

Do you consider yourself to have a disability?

Yes

No

Are you registered as disabled?

Yes

No

NB Number code refers to 2001 Census Ethnic Group Classifications

Please give details of any specific needs that you would like us to take into consideration

Candidate Personal Profile

Please complete this to help us to assess your prior learning or present job role.

Candidate Name

Assessors Name

Brief summary of previous work experience (that may be relevant to your present work role):

Main job roles and responsibilities:

List Qualifications:

Summary of previous training:

Additional Comments:

Candidate signature Date

Assessors signature Date

Manager/Supervisor confirmation of the above statements