



Please provide all details requested in black / blue ink and return to: Blossoms Doula Service Ltd, PO Box 52069, London SW2 9DB

Position applied for \_\_\_\_\_ If appointed when can you start? \_\_\_\_\_

### 1. Personal Details

Title Mr/Mrs/Miss/Ms (please state) \_\_\_\_\_ Surname/Maiden Name \_\_\_\_\_

Forename(s) \_\_\_\_\_ Date of birth \_\_\_\_\_

National Insurance No. \_\_\_\_\_

### 2. Contact Details

Telephone No. (daytime) \_\_\_\_\_ Mobile No. \_\_\_\_\_

Work No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

### 3. Education And Qualifications (After the age of 16)

(NB short listed candidates will be required to provide qualification certificates at the interview)  
Please give details of qualifications (academic, professional or vocational) you possess or educational and training courses you have attended that are relevant to your application, starting with the most recent first. Please continue on separate sheets if necessary.



## 5. Why do you want to become a Doula?

The information you provide in this section is important in accessing your application. Please use this space (and additional A4 if necessary) to state your reasons for applying for this post, relating your skills, experience and personal qualities to the requirements of the job (see attached job specification).

Do you have any grandchildren? (If yes, please state ages)

Yes

No

Do you have any children? (If yes please state ages)

Yes

No

Are you interested in becoming a Birth Doula, Postnatal Doula or both?  
Please state and give reasons as to why

Have you ever attended a birth? If yes please briefly detail your experience

## 6. Rehabilitation of Offences Act 1974

Before any person is appointed to a post which involves substantial access to children, the County Council has a duty to make a police check for any criminal convictions which would make it undesirable for the person to work with children. Because of the nature of this post, you are not entitled to withhold any information about convictions which, for other purposes are 'spent' under the provisions of the Rehabilitation of Offences Act 1974. This is because of the terms of the Amendment Order of 1996.

For these reasons, if you are short-listed for this appointment, you will be asked to complete a more detailed form. Any information you provide at this time will be treated as completely confidential and will be considered only in relation to this application.

In signing this application form, you will be acknowledging that you understand a police check may be made.

## 7. Criminals Record Bureau

Do you hold an Enhanced CRB Certificate?

Yes

No

If yes, please state the date of your certificate \_\_\_\_\_

## 8. Disciplinary Record

Are you (or have you ever been) dismissed for gross misconduct / misconduct from employment involving access to young people or resigned in the face of such allegations?

Yes

No

If yes, please give details

Are you (or have you ever been) dismissed from a childcare worker post for alleged incompetence or resigned in the face of such allegations?

Yes

No

If yes, please give details

Are you required to hold a work permit in the UK?

Yes

No

Do you hold a UK Driving Licence?

Yes

No

Do you have a car?

Yes

No

Are you subject to any conditions relating to your entitlement to be employed in the UK?

Yes

No

If yes, please give details

### 9. Additional Information

Please use this section to tell us about you or anything else which may further support your application. This may include any experience not noted in your application, hobbies or interests.

## 10. References

All offers of employment at Blossoms Doula Service is subject to the management being satisfied with the work references received.

Please provide details of these work related referees who are able to describe your suitability to this post. The first of these must be your present or most recent employer, unless you have not worked before. If you have recently left fulltime education, one of your referees must be someone who has a good knowledge of your work.

<b>Reference 1</b> Name of Referee	<b>Reference 2</b> Name of Referee
Position held by referee	Position held by referee
Capacity known	Capacity known
Full Address	Full Address
Tel	Tel
Fax	Fax
Email	Email

### Declaration and Authorisation

By my signature on this application, I authorise the verification of the above information and other necessary inquiries that may be needed to determine my suitability for this employment. I agree the information on this form may be used for registered purposes and storage under the Data Protection Act 1998.

I hereby certify that the information given to you on this form is correct to the best of my knowledge, that all the questions relating to me have been accurately and fully answered, and that I possess the qualifications, which I claim to hold. I understand that if any false or deliberately misleading information is given then my name will be withdrawn from the list of the job applicants, or if appointed, I will be subject to immediate dismissal without notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For official use only	
Shortlist Yes / No	References Requested / Recieved