

please add a picture of yourself, if you have trouble please let us know in your application form and we will add your photo on your behalf



Sennie Profile

Please put your legal name. If you have a preferred first name please put this in brackets after your legal name.

Full name*:

Location*:

Driver*: Yes Manual Automatic
No

Enhanced DBS*: Yes No Renewal date:

Enhanced DBS number*:

DBS Automatic Renewal update service*: Yes No

Live in/out*: Live in Live out Either

About me*:

Make sure you tell us how many years of SEN experience you have, main area of skill eg. Neurodiversity/PMLD, if you are willing to learn other areas, age range of Children in your care, why you want to be a sennie or why you love being a Sennie!

What SENNIES say: **INTERNAL USE ONLY**

leave this blank

Junior Sennie Sennie Super Sennie

SEN / Additional Needs Experience:

1. Want to gain experience 2. Somewhat experienced 3. Moderately experienced 4. Highly experienced
Tick here if you have experience or want to gain experience or in one of these fields.

	1	2	3	4	Then tick here
ADHD <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Anxiety <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Autism / Autistic Spectrum Condition <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cerebral Palsy <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Challenging Behaviour <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Colostomy Bag Users <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cystic Fibrosis <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D/deaf Persons <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Down Syndrome <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dyscalculia <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dyslexia <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dysphagia <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dyspraxia <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating Disorders / Difficulties <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fragile X Syndrome <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Global Developmental Delay <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Conditions <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Multiple Sclerosis <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pathological Demand Avoidance <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prader-Willi Syndrome <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Profound and Multiple Learning Disabilities <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Care Needs <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rare Chromosome Disorder <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rare Disease <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sensory Processing Disorder <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social, Emotional and Mental Health Needs <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trauma (Emotional) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Traumatic Brain Injury <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual Impairments <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wheelchair Users <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Please Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



We will also send your CV if you have other SEN related work experience that is worth sharing with a family. Please ensure you CV is up to date

please ensure you attach a copy of all certificates you have noted to have obtained below

Special Educational Needs & Childcare Work Experience

Please list your most recent and/or most relevant experience working with children and/or those with Special/Additional needs

Position held: B=Boy G=Girl
 Age(s) worked with: 5 hrs / 5 days pw
 Days/hours: e.g 40 hours per wk M-F
 Dates worked: OR

Additional Needs present: Please include the diagnosis name where possible or describe the additional support needed

Responsibilities: Where possible please list your main responsibilities and specific SEN related responsibilities These boxes scroll

Proudest achievement in role: Tell us how you made a difference in your role so families can see how you may be able to support them.

Reason for leaving:

Position held: Age(s) worked with: Days/hours: Dates worked:

Additional Needs present: N/A

Responsibilities:

Proudest achievement in role:

Reason for leaving:

Position held: Age(s) worked with: Days/hours: Dates worked:

Additional Needs present: N/A

Responsibilities:

Proudest achievement in role:

Reason for leaving:

Practical Experience, Training and Certifications:

1. Yes / Obtained 2. Need to renew 3. Willing to obtain

	1	2	3
Administering Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Gaze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid (Pediatric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makaton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PECS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEG Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People Moving and Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safeguarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CACHE Qualifications (Please Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>			
SENNIES Training (Please Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>			
Other (Please Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>			

Teaching Experience*:

Qualified Teacher Teaching / Learning Support Assistant
 Years of experience Years of experience

1:1 / 2:1 support Homeschool support
 Years of experience Years of experience

Tutor Vocational Teacher
 Years of experience Years of experience
 e.g. Drama, Dance or Sports teacher etc.

N/A

Highest level of education*:

Hobbies and Special Interests*:

Additional information:

Please use this space to tell us any further details or important information you'd like our Sennie families to know about you or your experience

Please tell us more about your incredible SEN/childcare or teaching experience here to ensure our team and our families know how fantastic you are!

When you save the file to send it back to us, make sure you change the file name to include your name eg:

SENNIE PROFILE - Georgia Sargeant

Finally attach to your Online application or send directly to your recruitment agent and you're done!