



### Membership of Professional Organisations

Professional organisation	Grade and date of membership

### Participation in Voluntary, Recreation or General Interest Groups

Name of organisation	Offices held

### Current/Most Recent Position Held

Position/Job title:

Name and address of school/college:

Post code:

Tel No:

Web address:

Type of establishment:

No on roll (aprox) and age range:

Name and address of Authority (or employing body):

Post code:

Tel No:

Key tasks, responsibilities and achievements:

Starting date:

Starting salary:

Leaving date:

Spinal point:

Allowances:

Current/leaving salary:

Period of notice required or available start date:

Reason for leaving:

### Previous Employment/Voluntary and/or Domestic Activities

Starting with the job before the current/most recent one, give details of your employment history including any periods of time not spent in employment (any gaps must be accounted for).

<b>Employer – Name, address and nature of business</b>	<b>Job title and key tasks/responsibilities</b>	<b>Date from</b>	<b>Date to</b>	<b>Reason for Leaving</b>

Continue on a separate sheet if necessary.

## Experience, Skills, Abilities and Career Aspirations

Please tell us how you think you meet the requirements for this job. You may wish to use details of your previous jobs, voluntary work, other activities or your personal interests. This is your opportunity to tell us more about your achievements and your aspirations for your future career.

Continue on a separate sheet if necessary.

**Other Information**

Date of Birth: .....

Do you have a partner or any family or relatives working for this Organisation? YES / NO

(If yes please give their name and where they work) .....

Would you be willing to undergo a medical examination following conditional appointment? YES / NO

If you have a disability will you require any form of assistance to enable you to participate in the recruitment process equally and fully? YES / NO

If YES please describe any reasonable adjustments we need to be aware of in advance.

Are you able to travel during the course of your work? YES / NO

Do you have a driving licence? YES / NO

If YES, is it; PROVISIONAL / FULL / HGV / PSV

Are you entitled to work in the UK? YES / NO

Every applicant will be asked for proof of their eligibility to work in the UK at interview stage.

(Please contact us in advance if you need us to sponsor you under the UK Border agency points based scheme for skilled workers (Tier 2)).

The work you are applying for is a regulated activity requiring an Enhanced DBS with Barred List Check and is therefore exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974.

All applicants are asked to complete the supplementary 'declaration form' on which you are therefore not entitled to withhold information about convictions that, for other purposes under the Act are regarded as spent other than certain spent convictions and cautions which are 'protected' and are not subject to disclosure to employers, and cannot be taken into account under the amendments to the Exceptions Order 1975 (2013). This form should be appended in a sealed envelope marked confidential.

Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.

Are you on an DBS barred list, disqualified from work with children or subject to sanctions imposed by a regulatory body e.g. the Department for Education? YES / NO

If you have a current DBS/CRB check number please enter it here; \_\_\_\_\_

Date of issue: \_\_\_\_\_ Issued by: \_\_\_\_\_

### References

Please give details of two referees - one must be your present or last employer.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

May we approach them now? YES/NO May we approach them now? YES/NO

## Declarations

I certify that, to the best of my belief, the information I have supplied is true and complete.

I understand that any false information or failure to disclose health problems, criminal convictions or prosecutions pending may disqualify me from employment or render me liable to summary dismissal.

I understand that this organisation reserves the right to verify claims made in this application and I consent to the organisation requesting an enhanced DBS check on me.

Signature:

Date:

**Thank you for your application**