|  |
| --- |
| **APPLICATION FOR SUPPORT STAFF APPOINTMENT****POST APPLIED FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****DETAILS OF APPLICANT:**Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mr/Mrs/Miss/MsForenames: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Previous Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone *(Home)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Work)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_National Insurance Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PRESENT POST**Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title of Post: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_ Current Salary: \_\_\_\_\_\_\_ |

**PREVIOUS EMPLOYMENT**

*(In chronological order giving full employment history)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Establishment | Employer | From | To | Title of Post*(indicate full/part time)* | Subjects | Group/Grade |
|  |  |  |  |  |  |  |

**EDUCATION - SECONDARY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Establishment | From | To | Qualification Gained (with dates) | Grade |
|  |  |  |  |  |

**EDUCATION - FURTHER/HIGHER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Establishment | From | To | Qualification Gained (with dates) | Grade/Class |
|  |  |  |  |  |

**REFEREES**:

**Please give the names and addresses of two people from whom a reference may be obtained, one of these should be your current employer. If you are not currently working with children, then one reference should be from a previous employer in a role related to this client group, if applicable. References from friends or relatives will not be accepted.**

In what capacity do you know the referee?

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: Email address .

In what capacity do you know the referee?

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: Email address .

Please note we will contact the above referee if you are short listed for this post and seek a reference before an interview. Also, in relation to work with children we will seek information about past disciplinary issues relating children and/or child protection concerns you may have been subject to. If you have any concerns about this, please contact the headteacher at the school.

|  |
| --- |
| **DISABILITIES** |
| * I consider that I have a physical or mental impairment which has a substantial and long term adverse effect on my ability to carry out normal day to day activities. **Yes / No**
* Are you a registered disabled person?  **Yes / No**
* If **“Yes”,** please provide details of registration number and disability:
* If **“Yes”** is there anything we need to know about your disability in order to offer you a fair selection opportunity?
 |
| **REHABILITATION OF OFFENDERS ACT 1974 (as amended)** |
| The position for which you are applying involves contact with children and is exempt from the Rehabilitation of Offenders Act 1974 and all subsequent amendments (England and Wales). For these positions you are not entitled to withhold information about police cautions, “bind-overs”, or any criminal convictions including any that would otherwise be considered “spent” under the act.* Have you ever been convicted of any offence or “bound over or given a caution? **Yes / No**
* If “Yes” please give details on a separate sheet and attach it to this form in a sealed envelope marked “Confidential Disclosure”. These will be treated in strictest confidence.
* All successful candidates will be required to obtain a CRB Disclosure at the appropriate level.
 |
| PERSONAL DECLARATION |
| When can you start, if appointed?If appointed, I agree to comply with school policies as advertised on the school website. **Yes /No** |
| **I declare that the information I have given on this form is complete and accurate and that I am not banned or disqualified form working with children nor subject to any sanctions or conditions on my employment imposed by a regulatory body or the Secretary of State. I understand that to knowingly give false information or to omit information could result in the withdrawal of any offer of employment or my dismissal at any time in the future and possibly criminal prosecution.** Signature ……………………………………………………….. Date ………………………………………………Print Name ……………………………………………………… |

*Please attach a brief letter in support of your application for this post.*

*If you would like receipt of your application to be acknowledged, please include a SAE*