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| **APPLICATION FORM FOR THE POST OF** |
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***This form must be completed in full.***

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| **Title** | **Surname** | **Date of Birth** | **Place of Birth** | **Marital Status** |
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| **Forenames** |
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| **Address** |
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|  | **Postcode** |  |

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| **Telephone Numbers** |
| Home:  | Work:  | Mobile:  |
| E-mail:  |
| May we contact you at work? Yes/No:  |

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| Do you have the right to work in the UK? Yes/No:  |
| National Insurance Number:  |
| *(For Overseas Candidates)* Other evidence:  |

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| **Current salary** |  |

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| **Academic Qualifications *(You will be required to bring proof (originals) of academic qualifications if selected for interview)*** |
| **Teacher Application:****Please state your applicable qualification including awarding body and date completed:**1. **PGCE and QTS**
2. **Batchelor of Education and QTS**
3. **Early Years Teacher Status**

**Early Years Professional Status** | **DCSF Reference Number:** |
| **Assistant Teacher Application:****Please state:**1. **Level 3 qualification, awarding body and date completed**
2. **GCSE English and Maths qualification and date completed**
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| **Non-Teaching Position:****Please state any relevant qualification attained** |  |

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| **Education:****Please state your education and any other qualifications** |
| **Dates** **From / To** | **Name of School/College/University** | **Qualification Awarded** |
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| **Full Employment History****Please state your most recent/current position first** |
| **Dates** **From / To** | **Name and Address of****Employer** | **Position Held and Main Duties** | **Reason for Leaving** |
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| **Please provide details of any gaps in your employment, including dates.** |
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| **Supporting Statement****Please give your reasons for applying for this post and say why you believe you are suitable for the position.**  |
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| **Extra Curricula Interests/Hobbies, etc.** |
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| **Referees** |
| ***One should be your current or most recent employer. If you are not currently working with children or young people, please provide details of an additional referee who has experience of your recent work with children or young people.*** |

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| **Referee 1** |
| Name:  |
| Company Name: |
| Position:  |
| Address:  |
| Telephone Number:  | E-mail:  |
| Capacity in which this referee knows you:  |
| May this referee be contacted without further reference to you? Yes/No:  |

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| **Referee 2** |
| Name:  |
| Company Name: |
| Position:  |
| Address:  |
| Telephone Number:  | E-mail:  |
| Capacity in which this referee knows you:  |
| May this referee be contacted without further reference to you? Yes/No:  |

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| **Referee 3** |
| Name:  |
| Company Name: |
| Position:  |
| Address:  |
| Telephone Number:  | E-mail:  |
| Capacity in which this referee knows you:  |
| May this referee be contacted without further reference to you? Yes/No:  |

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| **Contacts at Broadhurst School *(Please indicate if you know any existing employees or the proprietor at the school, and, if so, how you know them.)*** |
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**REHABILITATION OF OFFENDERS ACT 1974**

**The post applied for is exempt from Rehabilitation of Offenders Act 1974 and therefore all convictions, cautions and bind-overs, including those regarded as spent, must be declared.**

**Accordingly, the following declarations are required:**

* **I am not barred on the Independent Safeguarding Authority Children’s List;**
* **I am not disqualified from work with children, nor subject to sanctions imposed by a regulatory body, e.g. The General Teaching Council (GTC); and,**
* **I have no convictions, cautions, nor bind-overs. (If any convictions, cautions or bind-overs are held, details must be provided in a sealed envelope marked confidential and attached to this application).**
* **I am not disqualified from working with children through association due to the person with whom I am currently living or with other individuals with whom I am closely associated.**

**I understand that, if successful in this application, I will be required to obtain a Disclosure at the Enhanced Level from the Criminal Record Bureau and that appointment will be subject to the DBS report.**

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| **Signature:**  | **Date:**  |

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| ***To the best of my knowledge the information given on this form is correct. I understand that giving any false information will disqualify my application.*****Signed:** **Date:**  | **I am willing to undergo a medical examination.****Yes/No:**  |
| **I am willing to consent to a DBS and ISA Children’s Check.****Yes/No:**  |
| **I hold a current UK driving licence.****Yes/No:**  |