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| APPLICATION FORM | | | | | **HIGHDOWN SCHOOL AND SIXTH FORM CENTRE** | | | | | | | | | | | | CONFIDENTIAL | |
| **This page and overleaf of the application form will not be seen by those who have to decide on the list of applicants to be invited for interview.** | | | | | | | | | | | | | | | | | | |
| **Post Applied For:** | | | | | | | | | | | | | | | | | | |
| Where did you see it advertised? | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Personal Details** | | | | | | | | | | | | | | | | | | |
| Preferred form of address (e.g. Mr, Mrs, Ms, None): | | | | | |  | | | | | | |  | | | | | |
| Surname / Family Name: | | | |  | | | | |  |  | | | | | | | |  |
| First Name(s) | | |  | | | | | |  | Previous Surnames: | | | | |  | | |  |
| Address: | | |  | | | | | |  |  | | | | |  | | |  |
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| Post Code: | | |  | | | | | |  | Mobile: | |  | | | | | |  |
| Tel. No: | | |  | | | | | |  | Email: | |  | | | | | |  |
| National Insurance Number: | | | | | | | | | | | | | | | | | | |
| Please note that, as part of our safeguarding procedures, candidates will be subject to an online record search. | | | | | | | | | | | | | | | | | |  |
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| **References** | | | | | | | | | | | | | | | | | | |
| Please give two referees to whom confidential enquiries may be made. One MUST be your present or most recent employer. If you are at school or college or have recently left please give the name of your teacher or lecturer. Referees must not be members of your family or spouse/partner. | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | |  | Name: | | |  | | | | | | |  |
| Address: | |  | | | | |  | Address: | | |  | | | | | | |  |
|  | |  | | | | |  |  | | |  | | | | | | |  |
| Tel. No: | |  | | | | |  | Tel. No: | | |  | | | | | | |  |
| Email: | |  | | | | |  | Email: | | |  | | | | | | |  |
| Relationship: | |  | | | | |  | Relationship: | | |  | | | | | | |  |
| If shortlisted, may we approach this person prior to interview? **YES  / NO** | | | | | | | | If shortlisted, may we approach this person prior to interview? **YES  / NO** | | | | | | | | | | |
| **Please note that references will only be taken up if you are shortlisted for interview UNLESS YOU HAVE REQUESTED OTHERWISE.** However, no offer of employment will be made without the receipt of two satisfactory references. | | | | | | | | | | | | | | | | | | |
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| **Declaration** | | | | | | | | | | | | | | | | | | |
| I declare that the information set out in this Application Form is to the best of my knowledge true in all respects, and I understand that canvassing any employee of Highdown School and Sixth Form Centre, or giving false information/omitting to give information may render me liable for dismissal if appointed. | | | | | | | | | | | | | | | | | | |
| Signed: |  | | | | | | | | | | | | | Date: | |  | | |

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| **Equal Opportunities Monitoring** | | | | | | | |
| Highdown School and Sixth Form Centre operates a policy of equal opportunity and fair treatment for employment and development. To assist us in monitoring this policy, and for this reason only, applicants are asked to give details of their ethnic origin, sex and any disability. Your answers to these questions will help the School keep fair selection for all. This page of the application form will not be seen by those who have to decide on the list of applicants to be invited to interview. | | | | | | | |
| **Gender (Sex Discrimination Act 1975)** | | | | | | | |
| Male: | Female: | Date of Birth: | Click here to enter a date. | | |  | |
|  | |  | | | | | |
| **Ethnic Origin (Race Relations Act 1976):** Please tick the box that best describes you:   1. **White**   British  Irish  Other (please state) Click here to enter text.   1. **Mixed**   White & Black Caribbean  White & Black African  White & Asian  Other Mixed (please state) Click here to enter text.   1. **Asian or Asian British**   Indian  Pakistani  Bangladeshi  Other Asian (please state) Click here to enter text.   1. **Black or Black British**   Caribbean  African  Other (please state) Click here to enter text.   1. **Other Ethnic Groups**   Chinese  Any Other (please state) Click here to enter text. | | | | | | | |
| **Disability Discrimination Act 1995** | | | | | | | |
| We welcome applications from people with disabilities and guarantee you an interview should you meet the minimum criteria for the job. The Disability Discrimination Act defines disability as "any physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities". | | | | | | | |
| Do you consider yourself to have a disability which falls within this definition? | | | | | **YES  / NO** | | |
| If yes, please give details: | | | | | | |  |
| Is there anything about your disability which is relevant to this job? | | | | | **YES  / NO** | | |
| If yes, please give details: | | | | | | |  |
| Would the provision of any aids or adaptations assist you in carrying out the duties of this job? | | | | | **YES  / NO** | | |
| If yes, please give details: | | | | | | |  |
| Is there anything we need to know about your disability in order to provide you with any help you may need for the interview (e.g. sign language interpreter, an accessible interview room)? | | | | | **YES  / NO** | | |
| If yes, please give details: | | | | | | |  |
| **Asylum & Immigration act 1996** | | | | | | | |
| Do you have British Citizenship? | | | | **YES  / NO** | | | |
| If your answer is NO and your application is successful, you will need to provide evidence of your entitlement to live and work in the UK. | | | | | | | |

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| **Education / qualifications / training (Please continue on a separate sheet if necessary)** | | | |
| Dates  From: To: | | School / College / University | Qualifications with Grades/  Courses Attended |
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| **Skills, Abilities, Knowledge and Experience** | | | |
| Describe how you consider your skills, abilities, knowledge and experience relevant to this position and describe those factors which make you a particularly suitable candidate, including voluntary work and experience gained outside of work. | | | |
|  | | | |
| Please continue on a separate sheet if necessary.  Do you hold a full current driving licence (if relevant to this position)? **YES  / NO**  Do you have the daily use of a car (if relevant to this position)? **YES  / NO** | | | |

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| Disclosure of criminal convictions |
| Under the Rehabilitation of Offenders Act 1974, ex-offenders do not have to disclose their criminal convictions when applying for most – **but not all** – jobs if their convictions become spent.  Jobs where criminal convictions have to be disclosed are called ‘exempted posts’; for exempted posts convictions are never spent and must be disclosed.  It takes between 6 months and 10 years for a conviction to become spent.  Custodial sentences of more than 2½ years can never become spent.  If the post for which you are applying is exempt from Section 4 (2) of the Rehabilitation of Offenders Act (Exemptions) Order 2001, then you will be required to complete a DISCLOSURE check and an offer of employment would be subject to receipt of a satisfactory check. |
| The disclosure of a criminal record will not debar you from appointment unless the selection panel determine that the conviction renders you unsuitable for appointment.  **Please complete the enclosed DECLARATION OF CRIMINAL CONVICTIONS and return this with your application form. It will not be possible for us to consider your application form further if you have not returned this Declaration.** |

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| **Current or Most Recent Employment** | | | | | | | | |
| Name of Employer: | |  | | | | | |  |
| Address: |  | | | Tel. No: | |  | |  |
|  |  | | | May we contact you discreetly at work? YES / NO | | | |
|  |  | | |
|  |  | | |
| Current / Most recent Post Title: | | |  | | Current / Final Salary: | |  |  |
| Dates of Employment: From: | | | | To: | | | |  |
| Brief Description of Duties and Responsibilities: | | | | | | | | |
| Reason for Leaving: | | | | Notice Period Required: | | | | |

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| **Previous Employment** | | | | |
| Please complete each column and explain any breaks in employment. Start with your most recent previous employment and list in descending date order.  Have you worked overseas for more than 3 months in the past 10 years? **YES  / NO** | | | | |
| Dates (Month/Year) From: To: | | Employer  (Name & Address) | Position Held | Reason for Leaving |
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(please press tab in the last table cell to add another row)

**HIGHDOWN SCHOOL AND SIXTH FORM CENTRE**

STRICTLY CONFIDENTIAL

#### DECLARATION OF CONVICTIONS (REHABILITATION OF OFFENDERS ACT 1974) – EXEMPTED POSTS

**Please note carefully the following information:**

The position for which you are applying involves substantial access to children or vulnerable adults. It is therefore exempt from Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Exceptions Order, and you are required to declare any convictions, cautions or bindovers you may have even if they would otherwise be regarded as “spent” under this Act. The information you give will be treated in confidence and will only be taken into account in relation to this application.

In answering the following question you must disclose details of all convictions and cautions, including “spent” convictions.

**Have you ever been cautioned or convicted of a criminal offence? YES/NO**

**If YES, please give below details of all convictions and cautions, including “spent” convictions and cautions.**

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Under Government regulations the School is able (with your consent) to access records of criminal convictions. In the event of an offer of employment your written permission will be sought for this check to be undertaken with the Criminal Records Bureau and you will be required to complete a Standard or Enhanced Disclosure Application Form. **If you do not give your permission for this check to be undertaken then it will not be possible to consider your application further**. As part of its checking procedure the Bureau will also check registers of persons found to be unsuitable to work with vulnerable people which are maintained by the Department of Health and Department of Education and Skills.

**NAME: SIGNATURE**

**DATE**

**THIS DECLARATION MUST BE RETURNED WITH YOUR APPLICATION FORM**