



APPLICATION FORM Strictly Confidential (This field must be completed).

Job Reference:

AHT Sept 2025

Please use black ink – An application form MUST be completed/submitted for each vacancy.

The completed form to be posted or delivered to:

St Mary's CE Primary School, Yew Tree Road, Slough SL1 2AR or e-mailed to recruitment@stmarys.slough.sch.uk

Application for the post of: Assistant Headteacher		
Personal Details		
First Name(s):	Surname:	
Address:		
**E-mail address:	Home Tel. No:	
Post Code:	Daytime Tel. No:	
How long have you lived At this address? years	Mobile Tel No:	
Do you need a work permit? (a) Yes, and I already have one. (b) Yes, but I do not have one*. (c) No.		
*(For further guidance please contact the school)		
**If you have provided an e-mail address, this will be the I However, if you <u>DO NOT</u> wish to be contacted by e-mail p		
Present Employment (if now unemployed give details of last employer) Name and address of school / establishment:		
Post Title: Date of Appointment:		
Name of LA / employing body:		
Numbers on Roll (NOR): Age Range taught:		
Brief description of duties:		

Period of Notice:			
Reason for leaving (if no longer employed):			
Salary Details			
e:		Spine / Scale Point: .	
lary (per	annum):	Full Time or Part Time ((FTE):
al Allowar	nces (per annum):		
tate all alle	owances received individually)		
			_
us Em			be accounted for).
es	Name of Employer	Position Held/	Reason for Leaving
lo	(state nature of business - if not a school)	Litle of Post	
arv/Ha	naid Activities		·
	-	Organisation	Brief Details of Duties
To	r osition neid	Organisadon	Difer Details of Duties
	e:	Details e:	Details e:

			ons (to include teaching qualification/degree an ficates/awards as proof of evidence.	nd A-
Name o	of Awarding Body	Date Gained	Examinations Passed, Grade Qualifications/Level	S
Profess	sional Members	hip	_	
Are you a	member of a profess	sional body?	Yes No	
If yes, plea	ase specify:			
Referen	nces			
Please give the names and addresses of two referees, one of whom should be your present or most recent employer who will be able to comment on your suitability for this post. The other may be someone who knows you well but they should not be a member of your family. (Please note references may be taken up on receipt of application).				
Name:			Name:	
Address:			Address:	
	Tel. No:		Tel. No:	
E-mail:			E-mail:	
Occupatio	n:		Occupation:	
Capacity i	n which known to yo	u:	Capacity in which known to you:	
Date of Employment:(if applicable)			Date of Employment:(if applicable)	
•	any objection to this prior to interview?	referee being	Have you any objection to this referee being Contacted prior to interview?	
İ	Yes	4o 🗆	Yes No C	

Supporting Information		
Please provide a letter of application, making reference to the Job Description and Person Specification. This will be used for shortlisting.		
(please continue on separate sheet if necessary)		

IMPORTANT INFORMATION

Disclosure and Barring Service (The Rehabilitation of Offenders Act 1974)

This post is exempt from the Rehabilitation of Offenders Act 1974, therefore job applicants must disclose details of all criminal convictions and cautions whether 'spent' or not. Successful applicants will be required to apply for and Disclosure and Barring Service check when an offer of employment is made in writing. Any information provided will be strictly confidential and will be considered only in relation to this or a similar position within the school.

If you do not disclose any conviction you have it could lead to your application being rejected, or, if you are appointed may lead to your dismissal. If between completion of this application form and taking up a job within the school you are convicted of a criminal offence you must inform the school of this.

Qualified Teacher Status (QTS)			
Do you hold Qualified Teacher Status? Yes No			
If Yes, please give date of award			
Have you successfully completed a period of induction as a qualified teacher in this country where the DfE required this? Yes No			
If Yes, please give date of completion			
Teacher Reference number (DfE number) e.g. 12/34567:			
Are you subject to any conditions or prohibitions placed on you?			
Yes No If Yes, please give details:			
Medical Clearance			

Successful applicants will be required to complete a detailed medical guestionnaire and may be required

to attend a medical examination prior to being appointed.

Disability Discrimination Act 1995 (Completion of this section is optional).			
This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has: A physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.			
Do you have a disability which is relevant to your application? Yes \Box No \Box			
If yes, please state the type of disability you have:			
If it is not obvious please give brief details of how it affects you:			
We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.			
Do we need to make any specific arrangements in order for you to attend the interview?			
Yes □ No □			
If Yes, please state:			
General			
 Do you hold a current driving licence? Yes □ No □ 			
• If you have any personal relationship with any of the following please declare their details below: Councillor, Member of a Committee, Panel or other group of the Council or School, employee of the Council or Schools or Governor of the School, staff member at the school			
Name/s: Relationship/s:			
Post Title/s or Position/s held:			
This does not stop a person named above providing a reference. However, any approach, direct or indirect, to Councillors, Governors, employees or those named above, to influence a selection decision will disqualify you.			
Declaration I certify that the information given on this form is correct and complete to the best of my knowledge. I have not canvassed either directly or indirectly any member of a Governing Body or any officer or member of Slough Borough Council in connection with this appointment. False or withheld information may lead to the termination of employment. Under the provisions of the Local Government Act 1972, I confirm that I am not, nor have been for twelve months prior to this application a serving elected member of Slough Borough Council. I agree to the school carrying out pre-employment screening on my application for this post. I also acknowledge and agree to have the above information processed in accordance with the Data Protection Acts 1984 and 1998. Under this Act you have a right of access to information we hold about you. The application form is used for shortlisting, interviewing and monitoring purposes. If you are not appointed the form will be kept for a period of 12 months. The successful applicant's application form will form part of a Personal File, which will be kept securely by the school. Mark box to agree and sign below : □			
Signature: Date:			



RECRUITMENT MONITORING FORM Strictly Confidential

Job Reference:

AHT Sept 2025

This sheet will be separated from your application form/CV upon receipt and does not form part of the selection process. It will be retained by the school purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM. The information you provide will solely be used for monitoring purposes. It will not be made available to those involved in the selection process.

What is your Ethnic Group Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background. A. White D. Black or Black British			
	British		Caribbean
	Irish		African
	Any other White background, please write in:		Any other Black background, please write in:
B.	Mixed I	E.	Chinese or other ethnic group
	White and Black Caribbean		Chinese
	White and Black African		Other, please write in
	White and Asian		
	Any other Mixed background, please write in:	F.	I do not wish to provide this information.
C.	Asian or Asian British		
	Indian		
l	Pakistani		
	Bangladeshi		
	Any other Asian background, please write in:		
Ge	nder		
1	Male Female		

Disability - Do you have a disability? Please tick one box.			
00 - None	06 - You have mental health difficulties.		
01 - You have a specific learning difficulty (for example dyslexia)	07 - You have a disability that cannot be seen, for example diabetes, epilepsy or a heart condition		
02 - You are blind or partially sighted.	08 - You have two or more of the above.		
03 - You are deaf or hard of hearing.	09 - You have a disability, special need or medical condition that is not listed above.		
04 - You use a wheelchair or have mobility difficulties.	10 - I do not wish to provide this information.		
05 - You have Autism or Asperger Syndrome.			
Present Status			
Internal Applicant Ex	ternal Applicant		
Date of Birth			
(dd/mm/yyyy)	Age		
Media			
Please state where you saw this post advertise	d		
For School Use Only:			