

Employee Application Approval

I state that I consent to enquiries being made in respect of my application for the role of, to assist in determining my suitability for employment at Fairfields School.

I provide this consent to Fairfields School and any representative with delegated authority by Fairfields to obtain references and view my information / files in respect of:

- Health Management Ltd - completion of medical questions to form health assessment
- Ofsted, DFE
- DBS services
- Local Authority
- Nominated References as stated on your application form

DBS Privacy Policy

As part of the General Data Protection Regulation (GDPR) I have read the Enhanced Check privacy policy for applicants:

<https://www.gov.uk/government/publications/dbs-privacy-policies>

I understand how the DBS will process my personal data and the relevant types of DBS checks. Given the regulated activity undertaken by Fairfields School, an enhanced check (including barred list) will be completed. Please see section 1.6 of the privacy policy for details of the type of checks.

I understand, agree with and consent to the following:

My approval for employment is subject to satisfactory checks and that checks may require an update throughout my employment at Fairfields School.

All information held at with the above delegated authorities will be kept confidential in accordance with Data Protection Legislation.

Information requested and shared with the above delegated authorities will be relevant to the purpose of this application.

Authorisation for Fairfields School to contact the nominated referees to request a reference check. I understand that the reference information may include, but not limited to, written information about my employment performance, professional demeanour and reemployment potential, dates of employment, salary, absences and employment history. I authorise the nominated referee to release the requested information using Fairfield's School's pro forma. I understand that content of a reference is exempt from disclosure to myself under a SAR.

Name of Employee.....

Signature of Employee..... Date.....