

**\*\*\*\*\*\* THIS FORM MUST BE SIGNED AND DATED BEFORE SUBMISSION\*\*\*\*\*\***

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| **APPLICATION FORM Post: Closing Date:** | | | | | | | | | | | | | | | | | | | | | |
| **Section 1 PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | |
| Surname | |  | | | | | | Forename(s) | | | | | | | | | | | | Title |  |
| Previous surname(s) | |  | | | | | | | | | | | | | | | NI No | | | | |
| Address  Post Code | | | | | | | | | | | | | | | | | | | | | |
| Telephone | Home:  Mobile: | | | | | | | | | | | | Work:  Fax: | | | | | | | | |
| e-mail |  | | | | | | | | | | | | | | | | | | | | |
| Work Permit details,  (if applicable) | | | | |  | | | | | | | | | | | | | | | | |
| **Section 2 PRESENT OR MOST RECENT EMPLOYMENT** | | | | | | | | | | | | | | | | | | | | | |
| Employer’s name & address | | | |  | | | | | | | | | | | Date Appointed | | | | | | |
| Notice Required | | | | | | |
| Current Salary | | | | | | |
| Full/Part-Time | | | | | | |
| Job title | | | |  | | | | | | |  | | | | | | | | | | |
| Main duties | | | |  | | | | | | | | | | | | | | | | | |
| Reason for leaving | | | |  | | | | | | | | | | | | | | | | | |
| **Section 3 REFERENCES** | | | | | | | | | | | | | | | | | | | | | |
| Please give details of two referees who are able to describe your suitability for this post. These should be your present or most recent employers, unless you have not worked before. | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | Name | | | | | | | | | | | |
| Capacity in which known | | | | | | | | | | Capacity in which known | | | | | | | | | | | |
| Company/Business | | | | | | | | | | Company/Business | | | | | | | | | | | |
| Address  Post Code | | | | | | | | | | Address  Post Code | | | | | | | | | | | |
| Telephone  Fax | | | | | | | | | | Telephone  Fax | | | | | | | | | | | |
| e-mail | | | | | | | | | | e-mail | | | | | | | | | | | |
| Please confirm that references may be taken up before interview | | | | | | | | | | | | | | | | | | Yes 🞎 No 🞎 | | | |
| Please give any dates when you are not available for interview: | | | | | | | | | | | | | | | | | |  | | | |
| If your referees knew you by another name, write that name in this space: | | | | | | | | | | | | | | | | | |  | | | |
| **Section 4 PREVIOUS EMPLOYMENT**  **(List your previous posts starting with the most recent, explaining any gaps in your job history. Please use a separate sheet if necessary).** | | | | | | | | | | | | | | | | | | | | | |  | Job title & brief description  of duties undertaken | |
| Employer’s name & address | | | Full /  Part-Time | | | Job title & brief description  of duties undertaken | | | | | | Dates employed | | | | | | | Reason for leaving | | |
| From  (mm/yy) | | | | To (mm/yy) | | |
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| **Section 5 EDUCATION / TRAINING** | | | | | | | | | | | | | | | | | | | | | |
| Please give details of any qualifications you have obtained. | | | | | | | | | | | | | | | | | | | | | |  | | **Qualifications and Grades** | |
| **Names of Schools/Institutions** | | | | | | | **Dates** | | | | | | | To | | | | | | | |
| From | |  | | | | |
| Secondary School | | | | | | |  | |  | | | | |  | | | | | | | |
| College/Further Education | | | | | | |  | |  | | | | |  | | | | | | | |
| Higher Education | | | | | | |  | |  | | | | |  | | | | | | | |
| Please give details of any training courses you have attended. If you have attended many training events please list these on a separate sheet and attach. | | | | | | | | | | | | | | | | | | | | | |  | | **Qualifications and Grades** | |
| **Training Provider** | | | | | | | **Dates** | | | | | | | To | | | | | | | |
| From | |  | | | | |
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| **Section 6 PERSONAL INTERESTS, OR ACTIVE INVOLVEMENT OUTSIDE WORK**  **(e.g. Youth Leader)** | | | | | | | | | | | | | | | | | | | | | |
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| **Section 7 GENERAL EXPERIENCE AND FURTHER INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| Tell us how your experience, skills, training and/or qualifications in either paid or unpaid work, or through study, meet the selection criteria for this post. If there is insufficient space you may wish to attach this information on a separate sheet. | | | | | | | | | | | | | | | | | | | | | |
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| **Section 8 PROTECTION OF CHILDREN** | | | | | | | | | | | | | | | | | | | | | |
| Hillview School for Girls is legally obligated to process an enhanced Disclosure and Barring Service (DBS) check before making appointments to relevant posts.  The DBS check will reveal both spent and unspent convictions, cautions, reprimands and final warnings and any other information held by local police that is considered relevant to the role. Any information that is ‘protected’ under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 will not appear on a DBS certificate.  For posts in regulated activity, the DBS check will include a barred list check.  It is an offence to seek employment in regulated activity if you are on a barred list.  We’ll use the DBS check to ensure we comply with the Childcare Disqualification Regulations. It is an offence to provide or manage childcare covered by these regulations if you are disqualified.  Any data processed as part of the DBS check will be processed in accordance with data protection regulations and Hillview School for Girls’ privacy notice.  **Do you have a DBS certificate?:** ☐ Yes ☐ No Date of check:  If you’ve lived or worked outside of the UK in the last 5 years Hillview School for Girls may require additional information in order to comply with ‘safer recruitment’ requirements. If you answer ‘yes’ to the question below, we may contact you for additional information in due course.  **Have you lived or worked outside of the UK in the last 5 years?:** ☐ Yes ☐ No  Any job offer will be conditional on the satisfactory completion of the necessary pre-employment checks.  Only applicants who have been shortlisted will be asked for a self-declaration of their criminal record or information that would make them unsuitable for the position.  Any convictions that are self-disclosed or listed on a DBS check will be considered on a case-by-case basis. | | | | | | | | | | | | | | | | | | | | | |
| **Section 9 TIME SPENT LIVING AND/OR WORKING OVERSEAS** | | | | | | | | | | | | | | | | | | | | | |
| If you’ve lived and/or worked outside of the UK, the School must make any further checks it considers appropriate (in addition to the usual pre-employment checks).  We’ll base the decision on whether this is necessary on individual circumstances, and factors such as:  • The amount of information you disclose in the DBS check   * The length of time you’ve spent in or out of the UK | | | | | | | | | | | | | | | | | | | | | |
| **Section 10 RIGHT TO WORK IN THE UK** | | | | | | | | | | | | | | | | | | | | | |
| Hillview School for Girls will require you to provide evidence of your right to work in the UK in accordance with the Immigration, Asylum and Nationality Act 2006  By signing this application, you agree to provide such evidence when requested. | | | | | | | | | | | | | | | | | | | | | |
| **Section 11 DECLARATION** | | | | | | | | | | | | | | | | | | | | | |
| I understand that any employment, if offered, will be subject to the information on this form being correct, and I can confirm that no valid information has been willfully withheld. I understand that if I am appointed, I am liable to dismissal without notice if the information on this form is later proved to be inaccurate.  *Please delete where applicable:*  I am/am not related to any senior member of staff or governor  I am prepared to undergo a medical examination if required  I can produce the original documents of my qualifications  Signature: ……………………………………………………… Date: ……………………………..  If you are returning this application form by post, please sign and date. If returning by e-mail you will be asked to sign a copy of this document before any offer of employment is made.  (The post will be subject to the terms and conditions of the Hillview School for Girls’ contract) | | | | | | | | | | | | | | | | | | | | | |
| **Section 12** | | | | | | | | | | | | | | | | | | | | | |
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**Please indicate where you saw TES On-line 🞏 School Website 🞏**

**the advertisement for this position: TES Publication 🞏 Kent Teach 🞏**

**Other (please state)…………...............................................**

We’re bound by the Public Sector Equality Duty to promote equality for everyone. To assess whether we’re meeting this duty, whether our policies are effective and whether we’re complying with relevant legislation, we need to know the information requested below.

This information **will not** be used during the selection process. It will be used for monitoring purposes only.

|  |  |  |  |
| --- | --- | --- | --- |
| **equalities monitoring information** | | | |
| **What is your date of birth?** | |  | |
| **What is your sex?** | | ☐ Male  ☐ Female | |
| **What gender are you?** | | ☐ Male  ☐ Female  ☐ Other  ☐ Prefer not to say | |
| **Do you identify as the gender you were assigned at birth?** | | ☐ Yes  ☐ No  ☐ Prefer not to say | |
| **How would you describe your ethnic origin?** | | | |
| **White**  ☐ British  ☐ Irish  ☐ Gypsy or Irish Traveller  ☐ Any other White background  **Asian or British Asian**  ☐ Bangladeshi  ☐ Indian  ☐ Pakistani  ☐ Chinese | **Black or Black British**  ☐ African  ☐ Caribbean  ☐ Any other Black background  **Mixed**  ☐ White and Asian  ☐ White and Black African  ☐ White and Black Caribbean  ☐ Any other mixed background | | **Other Ethnic groups**  ☐ Arab  ☐ Any other ethnic group  ☐ Prefer not to say |
| **Which of the following best describes your sexual orientation?** | | | |
| ☐ Bisexual  ☐ Heterosexual/straight  ☐ Homosexual | | ☐ Other  ☐ Prefer not to say | |
|  | |  | |
| **What is your religion or belief?** | | | |
| ☐ Agnostic  ☐ Atheist  ☐ Buddhist  ☐ Christian  ☐ Hindu | ☐ Jain  ☐ Jewish  ☐ Muslim  ☐ No religion | | ☐ Other  ☐ Pagan  ☐ Sikh  ☐ Prefer not to say |
| **Pregnancy and maternity** | | | |
| Are you pregnant?  ☐ Yes  ☐ No  ☐ Prefer not to say | | Have you given birth within the last 12 months?  ☐ Yes  ☐ No  ☐ Prefer not to say | |
| **Are your day-to-day activities significantly limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?** | | | |
| ☐ Yes  ☐ No  ☐ Prefer not to say | | | |
| **If you answered ‘yes’ to the question above, please state the type of impairment. Please tick all that apply. If none of the below categories applies, please mark ‘other’.** | | | |
| ☐ Physical impairment  ☐ Sensory impairment  ☐ Learning disability/difficulty  ☐ Long-standing illness  ☐ Mental health condition  ☐ Developmental condition  ☐ Other | | | |