EMPLOYMENT APPLICATION FORM SUPPORT STAFF

Tunbridge Wells Girls' Grammar School

Southfield Road, Tunbridge Wells, Kent, TN4 9UJ.

Tel: (01892) 520902 or 520082

Executive Headteacher - Mrs L Wybar BA(Hons) MA Associate Headteacher - Mrs K Marchant BSc(Hons) MA

Email: admin@twggs.kent.sch.uk



POST APPLIED FOR (Job Title):	
Where did you see this advertised?	

We prefer applications to be emailed to us at admin@twggs.kent.sch.uk or, if you are unable to do so, sent by post to us at the address above. All sections must be completed in full, and in black ink. A CV may be submitted as supplementary information but should not be used as a substitute for any part of the form. Your application will be treated in the strictest confidence. Late applications may not be considered.

PERSONAL DETAILS				
Title:	First Name(s):	Surname:		
		Previous surname(s):		
Address:		Work Tel No:		
		Home Tel No:		
		Mobile No:		
		Personal Email:		
		NI Number:		
Post Code:				
Next-Of-Kin:				
Name:				
Address:				
Tel. Numbers: Home:				
Work:				
Mobile:				
Workplace: (Company Name a	nd Address):			

DISCLOSURE OF RELATIONSHIP					
Are yo	Are you related to a member of the School Governing Body? If yes, please provide details:			If yes, please provide details:	
	Yes	□ No			
EDUCATION Original do	ON, QUAL ocumentati	LIFICATIONS AND TRAIN on of qualifications will be re	ING equired prior	to an appointment.	
SECONDA	RY EDUC	CATION			
From Da	To To	School/College	Ç	Qualifications and Grades awarding (include detail of GCSEs/O levels, A levels, IB or diplomas	
		ON (including training as a t	eacher)		
From Da	tes To	College/University		Qualification (including Class and Division)	
DRIVING	LICENCE	(if annlicable)?			
DRIVING LICENCE (if applicable)?					
Do you have	e a current	UK driving licence?	Yes N	0	
Do you have	e any curre	nt endorsements?	Yes N	O	
If yes, please give brief details:					
PROFESSI	ONAL DE	EVELOPMENT			
Date and Le	ength of Co	urse Training Provider		Course Title/Qualification	

EMPLOYMENT HISTORY

Please give details of all jobs held after the age of 18, including part time and unpaid work, starting with your current or most recent employer. Please explain any gaps (e.g. maternity, unemployment, etc.) When giving details of school employment please include the age range, approximate school roll number and school type i.e. maintained, independent, foundation, academy. (Continue on a separate sheet if necessary giving page numbers and title heading)

CURRENT (or most recent) EMPLOYMENT	
Name of Employer:	Job Title/Post:
Address:	Current Salary:
	Notice Period:
Post Code:	Reason for leaving/wishing to leave:
Telephone No:	
Date Started:	
Date Left (if applicable):	
Brief description of main duties/responsibilities:	
PREVIOUS EMPLOYMENT	
Name of Employer:	
Address:	
Telephone No:	
Dates from and to:	
Full or Part Time%:	Salary upon leaving:
Reason for leaving:	
Name of Employer:	
Address:	
Telephone No:	
Dates from and to:	
Full or Part Time%:	Salary upon leaving:
Reason for leaving:	

MEMBERGHID OF BROX		NG AND INGENTIVE CONG	
Name Name	FESSIONAL ORGANISATION Date Achieved	Membership Status	By Examination
			(Yes/No)
OTHER SKILLS AND IN	TEDESTS		
Please include languages (s	poken and written), computers, e	tc. Please provide details of any	community or voluntary
work experience.			
PERSONAL STATEMEN	NT AND REASON FOR APPLI	CATION	
Please use this section to gi	ve details of any experience or sk	rills which you feel demonstrate	
	requirements of the job. Please in seful to refer to the criteria listed		
necessary.			

Please give details of two referees, the first of which must be references of candidates selected for interview will be taken University/College tutor.					
Name:	Name:				
Position:	Position:				
School / Company Name:	School / Company Name:				
Address:	Address:				
Telephone No:	Telephone No:				
Email:	Email:				
Relationship:					
•	Relationship:				
May we contact referees prior to interview Yes No DISABILITY STATEMENT	May we contact referees prior to interview Yes No				
TWGGS aims to be a fair employer and is committed to equal opportunity for disabled people. Applications from disabled people are welcome. If you are offered an interview, we will endeavour to provide appropriate access and equipment to ensure that disabled people are considered on an equal basis. If you would like any further assistance or advice about this application, we will try to help. Please answer the following questions:					
 Do you consider yourself to be disabled? □ Yes □ No If yes, do you consider yourself to be disabled under the terms of the Disability Discrimination Act? 					
□ Yes □ No					
The Disability Discrimination Act 1995 defines a disability as "a physical or mental impairment which has substantial and long-term adverse affect on an individual's ability to undertake normal day-to-day activities.					
2. Is there anything you would like particularly like to tell us	s about your disability?				
3. Do you wish us to try to arrange for any of the following to be available, if you are called for interview? Please tick. □ Induction loop or other hearing enhancement □ Sign language interpreter (please state type) □ Keyboard for written tests □ Assistance in and out or vehicle □ Accessible car parking □ Wheelchair access □ Someone with you at the interview (e.g. advocate or facilitator) □ Accessible toilet					
The information you have given will be treated as confidential and is necessary to enable us to provide appropriate adjustments and facilities for your interview. Thank you for providing this information.					
We reserve the right to verify the information supplied on this	form.				

REFERENCES

PROTECTION	OF CHILDRE	EN				
Disclosure of criminal background is required of those with substantial access to children.						
You are required to give details as this post, for which you are applying, is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exception) (Amendment) order 1986. A subsequent offer of appointment will be dependent upon the completion of a satisfactory Disclosures and Barring Services check.						
Have you ever b	een convicted o	r cautioned of a crimin	nal offence, o	or received	a Police Reprimand or warning?	
☐ Yes		_	No	7 10001100	a ronce reprimate or warming.	
If the answer is	Yes, please give	full details and dates:	:			
•	•		_	affect you	r right to take up employment in the UK	ζ?
□ Yes	;		No			
If the answer is	Yes, please give	full details:				
			_	permit pr	ior to taking up employment?	
HEALTH REC			No			
	MUN					
		r the purposes of cons	sidering reaso	nable adiu	ustments)	
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Are you register	red disabled? (for	_	-	nable adju	istments)	
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EQUAL OPPORTUNITIES MONITORING INFORMATION

This section of the form is CONFIDENTIAL and will be detached from your application prior to interview.

TWGGS recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

ETHNIC GROUP					
These are approved by the commission for Racial Equality					
White	□British	□Irish	□Any o	other White background*	
Mixed	☐White & Black Caribbean		□White & Black African		
	□White & Asian		☐Any other Mixed background*		
Asian or Asian British	□Indian □Bangladeshi		□Pakistani		
			☐Any other Asian background*		
Black or Black British	□Caribbean	□African	☐Any other Black background*		
Chinese or Other Ethnic Group	□Chinese		□Any other Ethnic group*		
*Please specify:					
☐ I do not wish to disclose my ethnic group					
Gender:				Duefor not to con-	
□ Wate	☐ Female			☐ Prefer not to say	
Date of Birth:					
If you wish, you may disclose information about yourself in this section about you:					
Religion and Beliefs:					
Sexual Orientation:					