



To be completed by the Applicant

Post Title:

Surname:

Title:

Forename(s):

Address:

Telephone No: Home

Mobile:

Postcode:

Work (if convenient):

E-mail address:

IMPORTANT INFORMATION

FOR POSTS WHICH REQUIRE A DBS CHECK ONLY – AS STATED ON THE JOB ADVERT/JOB DESCRIPTION

The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers and therefore cannot be taken into account. Further guidance and details on the criteria on the 'filtering' of these cautions and convictions can be found on the Disclosure and Barring Service website (www.gov.uk/dbs)

Do you have any convictions, cautions, reprimands or final warnings that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (amended in 2013)? YES / NO

If YES, please provide relevant details of the offence, date of offence and sentence below. If you would prefer not to include this information on the application form, please provide the details in a sealed envelope addressed to: The Chair of Governors.

I have read the guidance notes including the information regarding Criminal Convictions and I declare that the information I have given is true in all respects. I understand that false information may render me liable for dismissal if I am appointed.

I agree to the above statement and will sign and date a copy of this application as a true record if I am invited for an interview:

Signature:

Date:

A Education

Education

N.B. appointment will only be confirmed subject to receipt of official certificates in support of below.
(Please use continuation sheets if required)

Place of Education	Qualifications	Subject	Date	Grade

B Referees

Give name, job title, relationship to referee and address of **TWO** people, who must know you well to whom a reference may be made. Referee 1 should be your present (or most recent) employer, or if you are a recent school leaver, should be the Head Teacher of your last school. Next of kin or immediate relatives should not be named as referees.

Please note that for positions in contact with children and vulnerable adults the School has the right to seek references from any or all previous employers and line managers prior to interview.

Referee 1 Name:	Referee 2 Name:
Job Title:	Job Title:
Relationship to Referee:	Relationship to Referee:
Address:	Address:
Post Code:	Post Code:
Telephone No:	Telephone No:
E-mail:	E-mail:

N.B. Appointment will only be confirmed subject to satisfactory references.

C Full Employment History

Please provide **full** details of all previous posts you have held, with the most recent first. You will also need to include any dates (if applicable) when you have not been in employment. (Please use continuation sheets if required).

Name and Address of Employer	Appointment held/Grade and/or salary (if any)	Dates (dd/mm/yy)		Reason for leaving
		From	To	

Do you have any additional employment which you intend to continue if appointed to this post?
 Yes/No
 If yes, please detail the nature of the work and the hours

Period of notice required or termination date

Reason for seeking new employment?

Additional Information

In this space provided can you detail any other additional skills information which is considered relevant to this post. This may include any particular skill and qualities, which will help us assess your suitability for this post. Please use a continuation sheet if necessary.

Any misrepresentation of information provided by you shall, if the appointment committee so declare, disqualify you from the appointment and if appointed, shall render you liable to dismissal without notice. This form should be sent to the Headteacher, Mr. K. Simpson, Parkside Academy, at the address shown on the front of this form and by the date stated in the advertisement. Applicants short-listed for interview will be informed as soon as possible.

Declaration

I declare that the information set out in this application form is, to the best of my knowledge and belief, true and complete in all respects. I understand that if it is subsequently discovered any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, may render me liable for dismissal.

I hereby consent to the organisation processing the information supplied on this application form for the purposes of recruitment and selection.

I hereby consent to ALP retaining my application form for a period of 6 months.

Signature:..... **Date:**.....