



Confidential Application Form

Position Applied For: _____

Candidates are asked to submit a short letter in support of their application

1. PERSONAL DETAILS (*Block Capitals*)

Surname:

Forenames:

Title: Qualifications.....(acronyms)

Address: Tel (Home):

..... Tel (Mobile):.....

..... Tel (Work):

..... Fax:

Post Code: E-Mail:

Date of Birth: DCSF Number: NI Number:

2. FAMILY DETAILS

Name of Spouse/Partner:

Children (give ages if under 18):

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3. CURRENT POST

Name of School/Company:..... Date of Appointment:.....

Job Title:.....

Date Appointed if different from above:

Current Salary:Additional Benefits:

Length of notice required by present employer:

4. **EDUCATIONAL QUALIFICATIONS** at Schools and College/University

Dates		Name of Establishment	Examinations taken post 'O' Level/CSE or GCSE			
From	To		Date	Level	Subject	Result

5. **FURTHER PROFESSIONAL TRAINING**

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6. **OTHER QUALIFICATIONS**

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7. EMPLOYMENT HISTORY (in reverse chronological order – draw a line under each period of employment)

From (Month & Year)	To (Month & Year)	Employer's Name & Address	Position & nature of duties

IF EMPLOYMENT HAS NOT BEEN CONTINUOUS, PLEASE GIVE REASON(S):

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8. INTERESTS AND HOBBIES

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9. GENERAL INFORMATION

<p>What is your current state of health? (Please list, with appropriate details, if you have had any serious health problems in the last five years. This should include information on any operations in this period; you should also indicate how many days you have had away from work due to ill health.)</p>
<p>In your current role do you receive an annual Health Review which you would be prepared to share with the School?</p> <p>Yes / No</p>
<p>Do you have any physical disabilities? (If yes, please give details. No discrimination is shown to anyone who has a disability.)</p>
<p>Have you ever been charged or cautioned in relation to any criminal offence, or had a judgement entered against you or been involved in a civil proceeding concerning a child? (If yes, please give details)</p>

10. DETAILS OF TWO REFEREES (Block Capitals)

Name:		Name:	
Position:		Position:	
Address:		Address:	
Post Code:		Post Code:	
Tel No:		Tel No:	
Fax:		Fax:	
E-Mail:		E-Mail:	
How Long Known:		How Long Known:	

Signed: **Date:**

NB: The appointment will be dependent on the qualifications stated being verified as soon as possible after the interview, and on satisfactory checks through the Criminal Records Bureau.

A C.V. may also be submitted but this should not be used as a substitute for making a full response to the information sought under the various headings on this form. If any items require expansion, please attach a separate sheet.