



Job Application Form
(BLOCK CAPITALS PLEASE)

Position applied for:

PERSONAL DETAILS

Surname: (Mr/Mrs/Ms/Miss)	Forenames:
Address:	Any Previous Surnames:
	National Ins. No:
	DFES No. (For Teaching Posts Only):
Contact Tel No:	Do you have Qualified Teacher Status?
E-mail address:	Are you registered with the GTC?

If resident at current address for less than five years, please provide any previous addresses during this period on a separate sheet.

EDUCATION & PROFESSIONAL QUALIFICATIONS
(ORIGINAL DOCUMENTS AS PROOF OF QUALIFICATION WILL BE REQUIRED AT INTERVIEW)

Secondary Schools; Colleges; University	Dates		Examinations taken	Result
	From	To		

Vocational Qualifications currently held: Awarding Body, Grade and Date

Other relevant Educational or Training Courses with dates:

PRESENT POST

Title of Post:	Salary:
Name & Address of Employer:	Business of Employer
	Date Commenced:
	Date ended (if applicable)
Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable)	
Reason for leaving or wishing to leave:	
Period of notice required to terminate present employment:	

PREVIOUS EMPLOYMENT (CV is acceptable)

Name & Address of Employers	Position held	Dates		Reason for leaving
		From	To	

RELEVANT EXPERIENCE

Please say why you are applying for this post, outline aspects of your experience and give details of any particular achievements or distinctions which you consider relevant to this application. Provide where appropriate explanations for any periods not already accounted for. Please use a continuation sheet if necessary.

What activities, sport or interests outside work interest you? (State any positions held you consider relevant)

OTHER INFORMATION

Where did you see this vacancy advertised?

Do you know any existing employees or Governors at the School? YES/NO
If yes, please provide name(s) and state relationship:

HEALTH

Please state the number of days sickness absence in the last 2 years:
(NB: Successful candidates will be required to undergo a medical check)

DISABILITY DISCRIMINATION ACT 1995

Are there any adjustments which you think we could make to overcome a disability in relation to the essential requirements of this job? YES/NO
If Yes, please provide further details (use a continuation sheet if necessary):

REFERENCES

Names and addresses of two referees (who can be contacted immediately), one of whom should be your current or most recent employer. Where you are not currently working with children but have done so in the past, one referee must be from the employer by whom you were most recently employed in work with children. NB references will not be accepted from relatives or from referees writing solely in the capacity of friends.

Tel No:
Email Address:

Tel No:
Email Address:

References will only be taken up if the applicant is long-listed for interview.

DECLARATIONS

REHABILITATION OF OFFENDERS ACT 1974

I am aware that the post for which I am applying is exempt from the Rehabilitation of Offenders Act 1974 and therefore that all convictions, cautions and bind-overs, including those regarded as 'spent' must be declared. I have not been disqualified from working with children, am not named on DfES List 99 or the Protection of Children Act List, am not subject to any sanctions imposed by a regulatory body (eg the General Teaching Council) and EITHER:

I have no convictions, cautions or bind-overs

OR

I have attached details of any convictions, cautions or bind-overs in as sealed envelope marked confidential.

(Please delete as appropriate)

I declare that the information given is true and correct.

Signed

Date

Thank you for completing this application. Please return to:

The Headmaster
Twyford School, Twyford
Winchester, Hampshire
SO21 1NW

Data Protection Act 1998

The use of information provided on this form will comply with the requirements of the above Act. It may be processed by computer.

