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| header | Return to address | Please return your application to the school unless otherwise stated in the advert | |  | **PART A**  **Application Number:** |
|  | | | | | |
| **It is important that you refer to the guidance notes before you complete the Application Form.**  **This part of the Application Form will not be used to shortlist candidates for interview**  **Please use black ink or type** | | | | | |
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| APPLICATION FOR EMPLOYMENT | | | | | |
|  | | | | | |
| POST APPLIED FOR:       POST REF. NO.  ESTABLISHMENT: | | | | | |
|  | | | | | |
| PERSONAL DETAILS | | | | | |
| Surname/family name:    Maiden Name: | | | First name(s)/other names: | | |
| How do you wish to be addressed in correspondence?  MR/MRS/MISS/MS or OTHER (Please state):  **Address for correspondence:**            Postcode:  E-mail: | | | **Telephone number where you can be contacted:**  Day:  Evening:  Mobile No.: | | |
| Do you have any relationships (personal/ business/financial) with a governor or senior member of staff that may conflict with the duties of the post for which you are applying?    **Please ✓** Yes  No  If yes, please provide details: | | | | | |
| **Failure to declare any such relationship may lead to disqualification for appointment or to dismissal if employed.** | | | | | |

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| REFERENCES | | | | | | | | | | | |
| Please give name, address, position and relationship of two referees. One of these should be your current or (if you are unemployed) most recent employer. If you have not previously been employed give the name of a responsible person who knows you well, but not a relative. | | | | | | | | | | | |
| Name:  Address:          Postcode:  Telephone Number:  E-mail:  **Please note references will be requested prior to interview.** | | | | Name:  Address:          Postcode:  Telephone Number:  E-mail: | | | | | | | |
|  | | | | | | | | | | | |
| My National Insurance number is: |  |  |  | |  |  |  |  |  |  |  |
|  | | | | | | | | | | | |
| For teaching posts only  Are you recognised by the DfEE as a qualified teacher?  Please ✓ Yes  No | | | | DfEE Number: | | | | | | | |
| DATA PROTECTION  I give my consent for the personal data contained in this Application Form to be processed for the purposes set out in the Guidance Notes to this Application Form.  Signed:       Date: | | | | | | | | | | | |
| SIGNATURE:  I declare that the information I have given in this application is correct to the best of my knowledge.  I understand that if I am appointed and it is later discovered that I withheld or falsified relevant information, that disciplinary action may be taken and I may be summarily dismissed.  Signed:       Date: | | | | | | | | | | | |
| Shortlisting will take place within four weeks of the closing date. If you do not hear from us, please assume you have been unsuccessful. | | | | | | | | | | | |