**APPLICATION FORM**

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| **Post applied for:** | **Closing Date:** |

*St Wystan’s School is committed to safeguarding and promoting the welfare of children*

*and expects all staff and volunteers to share this commitment.*

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| **Part A: PERSONAL INFORMATION** |
| Title: | Surname: | Previous Surname: |
| Forename(s): | Preferred Name: (if different) |
| Date of Birth: *(required under Safer Recruitment Guidelines)* |  |
| Home Address: | Telephone (day/mobile): |
| Telephone (evening): |
| May we contact you at work? **Yes / No** |
| Email: |
| Current or most recent employer: |
| Dates of employment (month/year): | From:  | To: |
| Position held: |
| Brief description of main duties:  |
| Current Salary: | Notice period in current post: |
| Reason for leaving current or most recent post: |
| Are you related to, or have a close relationship with, any St Wystan’s employee / Governor or are a parent of a pupil at the School? If so, please give details: YES / NO |

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| **Part B: EMPLOYMENT HISTORY** |
| List your previous posts, starting with the most recent. Please include all full-time and part-time or voluntary work. Continue on another sheet if necessary*.*  |
| Previous employer’s name & address & nature of business | Job title and brief description of duties undertaken (indicate whether full or part-time) | Dates Employedmonth/year | Reason for leaving |
| From | To |
|  |  |  |  |  |
| **Gaps in your employment***If there are any gaps in your employment history, e.g. time spent raising a family, sabbatical year or extended travel periods, please give dates and details:* |

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| **Part C: EDUCATION AND TRAINING** |
| **Please give details of your education and qualifications** (most recent first) |
| Establishment AttendedFull name & address | Qualifications, Certificates, Grades (including class of degree), Date Award made and Awarding Body | Dates Attended – Month / Year |
| From | To |
|  |  |  |  |
| Further work related or professional qualifications/memberships & NVQ’s etc. (most recent first) |
| **List membership of any Professional Bodies, including membership type** *(if applicable)*: |
| Details: Name of Association/Institute/Qualifications | Level or Grade of Membership | From | To |
|  |  |  |  |
| **Relevant additional Training** (most recent first) |
| Title of Course | Details | From  | To |
|  |  |  |  |
| **Other relevant qualifications** (if applicable)? |
| **FOR TEACHING STAFF:**DFES No.: QTS: YES / NO |

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| **Part D: SUITABILITY** |
| *Please give your reasons for applying for this post and say why you believe you are suitable for the position. Study the job description and person specification and describe any experience and skills you have gained in other roles or similar environments which demonstrate your ability and aptitude to undertake the duties of the post. Continue on a separate sheet if necessary.* |

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| **INTERESTS** *Please give details of any interests, hobbies or skills that you could bring to St Wystan’s School for the purposes of extra-curricular activity.* |
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| **Part E: REFERENCES** |
| Please supply the names and contact details of two people (**three for teaching posts**) who we may contact for references. One of these **must be your current or most recent employer**. If your current/most recent employer does/did not involve work with children, then your second referee should be from your employer with whom you most recently worked with children. **Please note, references will not be accepted from relatives or from referees writing solely in the capacity of friends.** The School intends to take up references from all shortlisted candidates **before interview**. The School reserves the right to take up references from any previous employer.  |
| **Present or most recent employer** |
| Name: | Full address:Postcode: |
| Position held: |
| Capacity known to applicant: |
| Telephone: |
| Email: |
| **Second Referee** |
| Name: | Full address:Postcode: |
| Capacity known to applicant: |
| Telephone: |
| Email: |
| ***Teaching posts only*** *-* **Third Referee** |
| Name: | Full address:Postcode: |
| Capacity known to applicant: |
| Telephone: |
| Email: |
| **May we approach your present employer for a reference before interview?** **YES / NO***If no, please ensure you give two other referees.* |
| **How did you find out about this vacancy?** |

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| **Part F: DATA PROTECTION** |
| The information given in this application will form part of The Contract of Employment for successful candidates. Under the terms of the General Data Protection Regulations and Data Protection Act 2018 the information you give us will be kept confidential and will be used only for the purpose of personnel management. We may contact other relevant organisations to check factual information you have given in this application form. The information will be stored manually and electronically and disposed of after 12 months (maximum) if your application is unsuccessful. |

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| **Part G: REHABILITATION OF OFFENDERS ACT 1974** |
| All posts involving direct contact with vulnerable children are exempt from the Rehabilitation of Offenders Act 1974.The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are ‘protected’.  These are not subject to disclosure to employers and cannot be taken into account.  Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website. |
| If your application is successful, you will be required to supply details of all convictions in a sealed envelope marked “confidential”. Information will be checked against information from the Disclosure & Barring Service before your appointment is confirmed. |
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| **Part H: MEDICAL FITNESS** |
| If your application progresses, you will be required to confirm that you are mentally and physically fit for the role. You may wish to consider your suitability for the position.  |

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| **Part I: DECLARATION** |
| I confirm that the above information is complete and accurate and I understand that any offer of employment is subject to (a) references which are satisfactory to the School (b) a satisfactory DBS certificate and check of the Barred List (c) the entries on this form proving to be complete and accurate, and (d) a satisfactory medical report, if appropriate.  I confirm that I have not been disqualified from working with children, cautioned or sanctioned in this regard. |
| **Signature**: | **Date**: |

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| **THANK YOU FOR YOUR ASSISTANCE IN COMPLETING THIS FORM**Please return to**operations@stwystans.org.uk**or send to: Alex Hardwick, St Wystan’s School, High Street, Repton, Derbyshire DE65 6GE |
|  **Applications should be returned no later than the closing date stated.** |  |