**CONFIDENTIAL**

Please complete the details below as appropriate for the position for which you are applying and **bring this form with you** to interview/assessment. This is in accordance with current guidance on safer recruiting practices in schools. If you are appointed, the information on this form will be stored on the computer files of WSCC and the schools HR system.

**APPLICATION DETAILS:**

|  |  |
| --- | --- |
| **Position Applied For** |  |
| **Name of School** |  |
| **Full Name** |  |
| **Date of Birth** |  |

**ASYLUM AND IMMIGRATION ACT 1996:**

We need to know that you are entitled to live and work in the UK. Please complete the section below:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **National Insurance Number** |  |  |  |  |  |  |  |  |  |
| **Do you have evidence of your entitlement to live and work in the UK?**  (see note below) | | | | | | **Yes / No** | | | |

**All external candidates** will need to provide evidence of entitlement at the interview. Please bring one of the following documents: P45, P60, original payslip, correspondence from the Inland Revenue or other Government Agency or National Insurance Card. This document should contain both your name and your National Insurance number. We will also need to see your Passport, full Birth Certificate or other letter/permit/document confirming your right to live and work in the UK. These documents must show the same name or you must produce evidence that shows a legal change of name e.g. marriage certificate, deed poll etc.

**MEDICAL HISTORY: Internal applicants will not be issued with a medical questionnaire unless otherwise stated.**

All appointments will be subject to satisfactory medical clearance to check your medical history and to ensure that you are fit to undertake the duties of the position. Should you be successful you will be asked to complete a pre-employment medical questionnaire. You may also be asked for further details of your medical history by the Occupational Health Physician or be required to undergo a medical examination.

**QUALIFICATION CHECKS:**

We need you to provide proof of your qualifications and professional membership or registration where these are essential requirements for the job (these are listed in the Person Specification). **Please bring** the relevant documentation with you to the interview/assessment.

**Have you ever been deregistered or de-listed from a professional body? Yes / No**

|  |  |  |  |
| --- | --- | --- | --- |
| **Teachers Only** | | | |
| **DFES Number** |  | **GTC Registration** |  |
| **Relevant Social Care Professions** | | | |
| **GSCC Registration** |  | **HCPC Registration** |  |

**CONFIDENTIAL**

**DISCLOSURE AND BARRING SERVICE CHECK:**

**IMPORTANT: THE POSITION YOU ARE APPLYING FOR IS SUBJECT TO A DISCLOSURE AND BARRING SERVICE CHECK, PLEASE COMPLETE THE FOLLOWING SECTION**

|  |  |
| --- | --- |
| **Positions subject to a DBS Check** | |
| CRIMINAL RECORDS. Because of the nature of the work, this position is exempt from the provisions of the  Rehabilitation of Offenders Act 1974 and associated Order.  You are therefore obliged to disclose details of any criminal record that you may have. You will have the opportunity to discuss these details during your interview / assessment. Criminal records will be taken into account for recruitment purposes only when the conviction is relevant. Having convictions will not necessarily bar you from employment. This will depend on the circumstances and background to your offence.  Information will be kept confidential and will only be used in relation to the application for the post.  If you are successful in your application, you will be subject to a criminal record check from the Disclosure and Barring Service (DBS) before the appointment is confirmed. The check will be completed by means of requesting an “enhanced disclosure”. You are therefore required to **bring original documents specified** to your interview / assessment in preparation of the completing the online disclosure application. Disclosures include details of cautions, reprimands or final warnings as well as convictions, spent or unspent. | |
| **Have you ever had any convictions, cautions, reprimands or final warnings given by the police?** | **Yes / No** |
| If “Yes”, please give details on a separate sheet and attach in a sealed envelope marked “Confidential”.  Further information on disclosures can be obtained from the Disclosure and Barring Service at https:/[/www.gov.uk/government/organisations/disclosure-and-barring-service](http://www.gov.uk/government/organisations/disclosure-and-barring-service) | |

**Are you registered with the Update Service? Yes / No**

If “Yes”, please give WSCC permission to complete a status check on your DBS certificate. Name:………………………………………………………………DBS Certificate Number ………………………………………………….

Signature:……………………………………………………………………………………………………………………………………………………..

**DECLARATION:**

**I declare that the information given here, and that contained in my application form, is true and accept that false information may result in my application being disqualified and if appointed could lead to dismissal. I understand that a criminal records check will be carried out.**

**This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see** [**www.westsussex.gov.uk/nfi**](http://www.westsussex.gov.uk/nfi)

**As part of the recruitment process, checks may be made with your home Local Authority Adults’/Children’s Services Department. By signing this declaration you are agreeing to the check being made.**

**Signature:** ……………………………………………………………………………………………………………………………………………….

**Date:** ………………………………………………………………………………………………….……………………………………………