**APPLICATION FORM**

**1. Personal Information**

Please provide the following data for us to process your application and maintain contact with you.

|  |  |
| --- | --- |
| Full Name |  |
| Title |  |
| Post applied for |  |
| Date advertised |  |
| Male / Female |  |
| Mobile Number and country code |  |
| Email address |  |
| Skype address |  |
| Nationality (on passport) |  |
| Religion |  |
| Current Residential Address |  |
| Earliest date you could start at HIS |  |
| Country of Residence |  |
| Closest international airport to  home town in home country |  |
| Date of Birth |  |
| First Language |  |
| Other Languages spoken |  |
| Single / Married |  |
| Name of Spouse |  |
| Spouse’s profession |  |
| Would your spouse also live in Dubai |  |
| Names and ages of children |  |
| Will the children attend HIS |  |
| Other dependants |  |
| Subject specialism |  |
| Your Mother’s Name |  |
| Your Father’s Name |  |
| Do any of your family also work for Sobha Group |  |

**2. Qualifications**

Please list all degrees and teaching qualifications (e.g. PGCE / QTS / BEd / Masters etc) and other relevant qualifications below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification (highest first)** | **Result /**  **Standard** | **Date**  **Attained** | **University / College / Organisation and Country** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**3. Work Experience**

Please list your three most recent positions below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name and Address**  **( including Country)** | **Position** | **Start**  **and End Date** | **No of Years** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**4. Referees**

It is customary to contact your current employer for a reference. Please supply the names and contact details for three further professional referees. We will only contact your referees with your permission. Please indicate against each referee if you agree to us contacting them in the first instance.

|  |  |
| --- | --- |
| **Referee (Current Principal)** | |
| Name of Referee: |  |
| In what capacity do they know you? |  |
| Job Title / Position / Designation: |  |
| Email contact: |  |
| Telephone contact: |  |
| Postal Address: |  |
| You may contact this referee | **YES / NO** |

|  |  |
| --- | --- |
| **Referee** | |
| Name of Referee: |  |
| In what capacity do they know you? |  |
| Job Title / Position / Designation: |  |
| Email contact: |  |
| Telephone contact: |  |
| Postal Address: |  |
| You may contact this referee | **YES / NO** |

|  |  |
| --- | --- |
| **Referee** | |
| Name of Referee: |  |
| In what capacity do they know you? |  |
| Job Title / Position / Designation: |  |
| Email contact: |  |
| Telephone contact: |  |
| Postal Address: |  |
| You may contact this referee | **YES / NO** |

**5. Confidential Information**

Hartland International School requires all employees to undertake an enhanced DBS check prior to appointment. You are required therefore, to disclose any convictions, caution or binding over, including ‘spent convictions’. Disclosure of a criminal record background will not necessarily debar you from employment – this will depend on the nature of the offence(s) and when they occurred. Non-disclosure may lead to termination of your employment.

|  |  |
| --- | --- |
| **Convictions or cautions (including spent convictions) - you are obliged to detail these below.** | |
|  | |
| I can confirm that I am not disqualified from working with children or subject to sanctions imposed by a regulatory body. | |
| Signed (typed signatures are acceptable) |  |
| Date |  |

**6. Declaration**

In submitting this form to Hartland International School I declare that the information provided by me on this application form is correct to the best of my knowledge and belief.

|  |  |
| --- | --- |
| **I understand that if I give any information which is later found to be false, or I withhold any relevant information, this may lead to my application being rejected, or if already appointed, to termination of employment**. | |
| By signing this form or typing your name you are confirming that you have read, understood and agreed to the above declaration. | |
| Signed (typed signatures are acceptable) |  |
| Date |  |