

Please complete this form clearly in black ink or typescript to facilitate photocopying

Post Applied For: *Type position title here*

When would you be available to take up this post?

How much notice would you be required to give?

Please attach
**Passport
Photograph**
here, or send as a
separate email
attachment

1. PERSONAL DETAILS

FULL NAME	PRIVATE ADDRESS	TELEPHONE & EMAIL
Title: {Select from list}	Address	Home:
Surname:		Work:
Forename(s):	Post Code:	Mobile:
Former Name:		Email:
	Date of Birth:	NI No:

Do you hold a current driving licence? ☐ YES ☐ NO
If required, would you be prepared to provide a car for work use? ☐ YES ☐ NO

How would you describe your health:
How many sick days have you had in the last year?

2. EMPLOYMENT DETAILS

PRESENT POST			
Title of post held: Name & Address of Employer: Post Code: Telephone No:	Details of Employment:		
	Date appointed:	Gross annual salary:	Full or Part Time: {Select}

3. DETAILS OF PREVIOUS EMPLOYMENT

Most recent first. Please continue on a separate sheet if necessary.

[illegible]

4. EDUCATION AND QUALIFICATIONS

HIGHER EDUCATION AND PROFESSIONAL QUALIFICATIONS						
Place of Study: University, College etc	Dates From – To		Full or Part Time	Main Subject(s)	Subsidiary Subject(s)	Qualification gained (Degree, Certificate, Diploma); Class
			{Select}			
			{Select}			
			{Select}			
			{Select}			
			{Select}			

[illegible]

5. COURSES & TRAINING ATTENDED

Please give details of any recent course you have attended which you consider particularly relevant to your application.

Course Title & Name of Provider	Date	Course Title & Name of Provider	Date

6. REFERENCES

Please give the name and address of two persons who may be consulted regarding your suitability for this post. One of the referees should be your present employer.

References are usually taken up prior to interview. Is there any reason why you do not wish us to do this? ☐ YES ☐ NO

Name of other Referee:	Address	Capacity in which known to you:
Email:	Daytime Tel:	
Name of other Referee:	Address	Capacity in which known to you:
Email:	Daytime Tel:	

Are you related to a Governor or Trustee of The Quest Academy - Coloma Trust? ☐ YES ☐ NO

(A candidate who fails to disclose such a relationship shall be disqualified for the appointment and if appointed, shall be liable to dismissal without notice). Any canvassing will disqualify candidates.

7. SUPPORTING STATEMENT

You are encouraged to attach to this application a supporting statement giving relevant information about yourself and the skills and experiences which fit you for this post.

A supporting statement is / is not attached: {Select}

8. EQUAL OPPORTUNITIES MONITORING POLICY

The governing Body has a policy on equal opportunities which requires fair and equal treatment to be given to all job applicants. To help check how this policy is working the Governing Body seeks to record additional details of all people who apply for jobs.

This information is treated as strictly confidential and will not affect in any way the fair consideration of your application for employment.

If you have any queries about this part of the Application Form, please contact the Principal.

Please complete the following questions 1 – 4.

1. Name of the publication where you saw the post advertised: {Select}

If 'other' please type it here:

2. Are you a registered disabled person? ☐ YES ☐ NO

If YES, please give R.D.P. No:

3. Are you MALE or FEMALE? ☐ MALE ☐ FEMALE

4. To which one of the following groups would you say you belong? (Please tick appropriate box)

WHITE – BRITISH	<input type="checkbox"/>	WHITE – IRISH	<input type="checkbox"/>	ANY OTHER WHITE BACKGROUND	<input type="checkbox"/>
WHITE & BLACK CARIBBEAN	<input type="checkbox"/>	WHITE & BLACK AFRICAN	<input type="checkbox"/>	WHITE & ASIAN	<input type="checkbox"/>
ANY OTHER MIXED BACKGROUND	<input type="checkbox"/>	INDIAN	<input type="checkbox"/>	PAKISTANI	<input type="checkbox"/>
BANGLADESHI	<input type="checkbox"/>	ANY OTHER ASIAN BACKGROUND	<input type="checkbox"/>	BLACK CARIBBEAN	<input type="checkbox"/>
BLACK AFRICAN	<input type="checkbox"/>	ANY OTHER BLACK BACKGROUND	<input type="checkbox"/>	CHINESE	<input type="checkbox"/>
ANY OTHER ETHNIC GROUP	<input type="checkbox"/>	REFUSED	<input type="checkbox"/>	INFORMATION NOT YET OBTAINED	<input type="checkbox"/>

9. SAFEGUARDING

Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? ☐ YES ☐ NO

If YES, please give full details on a separate sheet and attach in a sealed envelope or separate email marked ‘Confidential’

10. DECLARATION

I declare that the information given is true. I declare that I am not on the barred list, disqualified from working with children or subject to sanctions imposed by a regulatory body 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.

Signature: _____ DATE: _____

DATA PROTECTION

The information that you have provided will be handled and processed in accordance with the Data Protection Act 1998. If you are appointed, the information will form part of your personnel record and may be used by the Academy for business purposes including the prevention and detection of fraud.

Please print, attach photograph, sign and date and return this completed form to:

The Principal, The Quest Academy, Farnborough Avenue, South Croydon CR2 8HD