#### \\w2k3server\staffdata\jtilly\Logo\St Olaves Prep Logo Black 2014.jpg

Headteacher: Miss Claire Holloway BEd QTS

106-110 Southwood Road

New Eltham

London

**APPLICATION FORM FOR HEAD OF EYFS**

SE9 3QS

Telephone : 020 8294 8930

E-mail : office@stolaves.org.uk

Website: www.stolaves.org.uk

1. **General**

Please complete the entire form in black ink; you may send a CV in addition.

We will handle this information in confidence and contact you with discretion.

If there is insufficient space, please continue your answers on a separate sheet.

**Name :**

(Title, Forename, Surname)

**Former Name : (including maiden name)**

**Preferred Name :**

**Address :**

(including postcode)

**E-Mail Address : Mobile Telephone:**

**Home Telephone : Work Telephone :**

How long have you lived at this address:

If less than 5 years please provide addresses for past 5 years including dates at those addresses.

1. **General Information**

**Current full UK driving licence held? Yes / No NI Number:**

**DfE Number: QTS Status: Yes / No**

1. **Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Last school attended** | **Dates** | | **A Levels or equivalent** | **Grade** |
|  | **From** | **To** | **(and dates awarded)** |  |
|  |  |  |  |  |
| **Other achievements/interests at school** | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **University or other Higher** | **Dates** | | | **Degree and Awarding Body** | | **Class** | |
| **Education institution** | | **From** | **To** | | **(and dates awarded)** | |  | |
|  | |  |  | |  | |  | |
| **Other achievements/interests at university** | | | | | | | | |

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| **Other awards, qualifications and courses attended (please include any ongoing CPD)** | | | | |
| **College, Education Centre** | **Dates** | | **Award/Course Title and Qualification** | |
| **or Institution** | **From** | **To** |
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1. **Employment Record**

Starting with your current/last position and working back, please provide details of all employment and all previous posts. If necessary, please copy one of the following pages so that you can include all posts you have held. Please use section 5 to explain any gaps in employment or between finishing training and first employment.

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| **Current School or Employer’s Name:** | |
| **Address:** | **Position(s) held and whether full/part time:** |
|  | **Starting date:** |
| **Postcode:** | **Leaving date (if applicable):** |
| **Responsibilities:** | |
| **Reason for leaving:** | |
| **Salary and Benefits:** | |

**Previous Employments**

|  |  |
| --- | --- |
| **School or Employer’s Name:** | |
| **Address:** | **Position(s) held and whether full/part time:** |
|  | **Starting date:** |
| **Postcode:** | **Leaving date :** |
| **Responsibilities:** | |
| **Reason for leaving:** | |
| **Salary and Benefits:** | |

|  |  |
| --- | --- |
| **School or Employer’s Name:** | |
| **Address:** | **Position(s) held and whether full/part time:** |
|  | **Starting date:** |
| **Postcode:** | **Leaving date:** |
| **Responsibilities:** | |
| **Reason for leaving:** | |
| **Salary and Benefits:** | |

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| --- | --- |
| **School or Employer’s Name:** | |
| **Address:** | **Position(s) held and whether full/part time:** |
|  | **Starting date:** |
| **Postcode:** | **Leaving date :** |
| **Responsibilities:** | |
| **Reason for leaving:** | |
| **Salary and Benefits:** | |

1. **Periods when not Employed**

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| --- | --- | --- |
| **Start Date** | **Finish Date** | **Reason** |
|  |  |  |

1. **Personal Statement**

Please explain your reasons for wanting to take up the post at St Olave’s Prep School, and the qualities that you would bring to the School, addressing the criteria in the person specification.

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1. What have you most enjoyed about your career to date?

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1. Please confirm if you know any existing employee, volunteer or Trustee at the School and if so, please provide full details of how you know them.

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1. Do you have any other comments you would like to make about yourself or your application?

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1. **References**

Please give the names, addresses and telephone numbers of **three** referees, one of whom should be your present or most recent employer. If your present/most recent employment excludes working with children, then your second reference should be from your employer with whom you most recently worked with children. Referees should not be a relative or someone known to you solely as a friend.

|  |  |
| --- | --- |
| **Name:** | |
| **Address:**  **Postcode:** |  |
| **Tel No:** | |
| **E-mail:** | |
| **Occupation**: | |
| **Professional relationship to you:** | |

|  |  |
| --- | --- |
| **Name:** | |
| **Address:**  **Postcode:** |  |
| **Tel No:** | |
| **E-mail:** | |
| **Occupation**: | |
| **Professional relationship to you:** | |

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| --- |
| **Name:** |
| **Address:**  **Postcode:** |
| **Tel No:** |
| **E-mail:** |
| **Occupation**: |
| **Professional relationship to you:** |

1. **Data Protection**

The information that you provide on this form will be used to process your application for employment. The personal information that you provide will be stored and used in a confidential manner to help with our recruitment process.

If you succeed in your application and take up employment with the School, the information will be used in the administration of your employment.

We may check the information provided by you on this form with third parties.

By signing the application form you consent to the processing of sensitive personal data.

1. **Declaration**

As the job for which you are applying involves substantial opportunity for access to children, it is important that you provide us with legally accurate answers.

Upfront disclosure of a criminal record may not debar you from appointment as we shall consider the nature of the offence, how long ago and at what age it was committed and any other relevant factors. Please submit information in confidence enclosing details in a separate sealed envelope which will be seen and then destroyed by the Head or the Bursar. If you would like to discuss this beforehand, please telephone in confidence to the Head or Bursar for advice.

Please disclose any unspent convictions, cautions, reprimands or warnings. Please note that the amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are ‘protected’ and 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 at the Disclosure and Barring Service website. www.gov.uk/dbs

You should be aware that the School will institute its own checks on successful applicants for short listing with the Disclosure and Barring Service.

Failure to declare any convictions (that are not subject to DBS filtering) may disqualify you for appointment of result in summary dismissal if the discrepancy comes to light subsequently.

I have nothing to declare / I enclose a confidential statement

(please delete as appropriate)

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I declare that the information I have given in this Application Form is accurate and true. I understand that providing misleading or false information will disqualify me from appointment or if appointed, may result in my dismissal.

Signature: Date:

**Please return this form by 23rd March 2017, addressed to:**

**Mrs Sarah Brame at St Olave’s Prep School,**

**together with a hand-written covering letter outlining your interest.**

Administered by the St Olave’s School Trust - Registered Charity No 312734



### **EQUAL OPPORTUNITIES MONITORING FORM**

This section of the form will be detached from your application and will be used solely for monitoring purposes. This form will be kept separately from your application.

St Olave’s Prep School recognises and is committed to ensuring applicants and employees from all sections of the community are treated equally regardless of race, gender, disability, age, sexual orientation, religion or belief, gender reassignment, marital and civil partnership status, or pregnancy and maternity.

We welcome applications from all sections of the community.

You are not obliged to complete this form but it is helpful to the School in maintaining equal opportunities.

All information provide will be treated in confidence.

Please complete the form as you feel it is most appropriate for you.

**Position applied for:                                           \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| **White:**  □ British                                       □ Any other white background\* |
| **Mixed:**  □ White and Black Caribbean          □White and Black African   □ White and Asian  □Any other mixed background\* |
| **Black or Black British:**  □Caribbean           □  African      □ Any other Black background\* |
| **Asian or Asian British**:  □ Indian                                          □ Pakistani                         □ Bangladeshi  □ Any  other Asian background\* |
| **Chinese or other Ethnic Group**:    □ Chinese                                      □ Other Ethnic Group\*  \*please specify |
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| Gender (please specify) |

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| --- |
| Date of Birth |

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| --- |
| Do you consider yourself to have a disability:  □Yes                   □No  If yes, please state nature of disability: |
| The Equality Act defines disability as "A physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities" |

If you wish, you may disclose information about yourself in this section about your:

|  |
| --- |
| Religion |
| Sexual orientation |

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| How did you become aware of this vacancy?  Media:                                                              Date:                                        Reference: |



### **Staff Suitability Declaration**

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| --- | --- | --- |
| This form is to be completed by all staff as part of pre-employment checks before employment.  All staff are required to complete this form.   Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please respond to the questions listed below and sign the declaration to confirm that you are safe to work with children.  If you are unable to meet any of the following aspects, please disclose this immediately to the Headteacher or Bursar.  Please tick yes or no against each point. | | |
| Have you been cautioned, subject to a court order, bound over, received a reprimand or warning or been found guilty of committing any offence **since the date of your most recent enhanced DBS disclosure?**  Have you been cautioned, subject to a court order, bound over, received a reprimand or warning or been found guilty of committing any offence **either before or during your employment at this school?** | Yes  Yes | No  No |
| Are you 'Disqualified from Caring for Children'? | Yes | No |
| Have you committed any offences against a child? | Yes | No |
| Have you committed any offences against an adult (eg. rape, murder, indecent assault, actual bodily harm, etc.)? | Yes | No |
| Have you been barred from working with children (DBS)? | Yes | No |
| Are you living with someone who has been barred from working with children (DBS)? | Yes | No |
| Are you living in the same household as someone who has been disqualified from working with children under the Childcare Act 2006? | Yes | No |
| Have your own children been taken into care? | Yes | No |
| Have/Are your own children the subject of a child protection order? | Yes | No |
| If you have answered 'yes' to any of the above, please provide further information below:          I understand my responsibility to safeguard children, and I am aware that I must notify the Headteacher or Bursar immediately of anything that may affect my suitability to work with children.  I will ensure that I notify my employer immediately of any convictions, cautions, court orders, reprimands or warnings I may receive. | | |

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| --- |
| I confirm that I am not living with a person who has been disqualified from working with children.  I will ensure that I notify my employer immediately if I live with a person who has been disqualified from working with children.    Signed ………………………………………………….           Date ………………………………    Headteacher/Bursar signature ……………………………       Date ………………………………   For office use only:  Please record follow-on action taken, where relevant.                Signed ……………………………………………………         Date action taken ………………… |