

**APPLICATION FORM FOR NON-TEACHER**

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| **1. Personal**  Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Forenames\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Previous surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post code\_\_\_\_\_\_\_\_\_\_\_\_\_   Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_National Insurance No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone (home):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **2. Past positions (most recent first)**  **Employer’s name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates: from \_\_\_\_\_\_\_\_\_­­­­­to\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Employer’s name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates: from \_\_\_\_\_\_\_\_\_­­­­­to\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Employer’s name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates: from \_\_\_\_\_\_\_\_\_­­­­­to\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **3. Previous employment continued** – (most recent first-including periods of part-time and voluntary work, as well as explanations for periods when not in employment). | | | | | | |
| Employer | Position | From  Month Year | | To  Month Year | | Reason for leaving |
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| **4. Education, Training and Qualifications**  **Education and training** | | | |
| Name of School/College | From | To | Qualifications obtained |
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| **5. Job title of most recent role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Description of duties and responsibilities:** |
| **6. Statement of relevant personal qualities and experience:** |
| **7. Other interests**  **Please continue on a black sheet if you have any further information to add** | |

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| **8. Referees**:  We will seek references on shortlisted candidates prior to interview. Please list names, addresses, email addresses and telephone numbers of two people from whom reference may be sought. Please indicate any professional relationship and how long they have known you. **You must include your current or most recent employer** but a reference will not be sought until an offer of employment has been offered and accepted. If you are not currently working with children, but have done so in the past, please include your most recent employment with children. |
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| **Please note:**  If you are currently working with children, on either a paid or voluntary basis, your employer will be asked about any disciplinary offences or child protection concerns relating to children, including any in which the penalty is deemed to have expired. If you are not currently working with children, but have done so in the past, your previous employer will be asked about these issues. |

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| **Consent and Declaration:**  If appointed, I consent to an enquiry by the School to the Disclosures and Barring Service (DBS), at enhanced level, to ensure that my name does not appear on their lists.  As far as I am aware I am physically and mentally fit to carry out all the duties associated with the post (see separate form below)  I declare that the information given on this form is to the best of my knowledge correct and complete:  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Disqualified by association-EYFS and relevant later years provisions**  I know that I have a responsibility to declare if I know of myself or any member of my household who has a conviction or is disqualified from working with children and that I must provide their names here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If you know of no-one, please tick here ( )  Signature …………………………………………………Date………………  **PROVIDING FALSE INFORMATION IS AN OFFENCE AND COULD RESULT IN YOUR APPLICATION BEING REJECTED, OR SUMMARY DISMISSAL IF YOU HAVE BEEN SELECTED, AND POSSIBLE REFERRAL TO THE POLICE.** |

Applications should be addressed to:

Mrs Teresa Mockridge, HR

Cumnor House Sussex

London Road

Danehill

Haywards Heath

West Sussex

RH17 7HT



**CUMNOR HOUSE SUSSEX**

**MEDICAL FORM FOR THE PREPARATION OF YOUR INTERVIEW VISIT**

1. Do you have any medical condition, food allergy or other disability of which we should be aware in preparation for the day of your interview?

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2. The school is an equal opportunities employer. Please provide details, or tell us about, any specific learning difficulty, medical condition or other disability which may require additional support in order for you to undertake this job should you be selected.

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| Signed. ……………………………………………… | Date…………………………………. |
| Name: |