Russell House is committed to safeguarding and promoting the welfare of children

**APPLICATION FORM**

**SINGING TEACHER (PERIPATETIC)**

|  |  |
| --- | --- |
| **Position applied for:** |  |
| **Full Name:**  (including middle names) |  |
| **Former Surnames:**  (e.g. maiden name)  Including date(s) of change of name ( e.g. marriage date) |  |
| **Date and place of birth:** |  |
| **Current address:** including the month and year of moving into that address: |  |
| **Home telephone number:** |  |
| **Mobile Telephone Number:** |  |
| **Email address:** |  |
| **National Insurance Number** |  |
| **Any previous addresses** you have had during the past five years, including dates of change of address |  |

**Details of all relevant qualifications:**

Please provide copies of all documentary evidence of your ability to teach/coach e.g. course certificates etc.

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification** | **Awarding Body** | **Date obtained** | **Grade** |
|  |  |  |  |

**Evidence of Identity**

In order to comply with Safeguarding Children recruitment procedures, Russell House needs to see evidence of your identity.

Please refer to the attached DBS Documentation Checklist outlining the documents you will need to supply.

**Referees**

Please supply details of two referees. If possible, one should be a recent employer. Family and friends are not able to act as referees.

|  |  |  |
| --- | --- | --- |
|  | Referee 1: | Referee 2: |
| Name:  Address:  Telephone:  Email: |  |  |
| Can they be contacted prior to interview? (circle) | Yes No | Yes No |

**Medical Fitness**

I confirm that I know of no reason, on grounds of mental or physical health, why I would not be able to discharge the responsibilities required by the post in question.

Please delete as appropriate

YES / NO

**or**

I have the following medical problems, but believe that I am fit to carry out the duties as indicated by the associated job description:

Please delete as appropriate

Asthma YES / NO

Heart problems YES / NO

Thyroid disorder YES / NO

Vision or hearing problems YES / NO

Mobility problems YES / NO

Mental health problems YES / NO

Epilepsy or neurological problems YES / NO

Other (give details below)

Are you under any regular GP or Consultant review for any reason not disclosed above?

YES / NO

**If yes, provide details:**

**…………………………………………………………………………….........................................**

**…………………………………………………………………………….........................................**

**Please confirm the following statements:**

I confirm that all the information I have supplied is true and correct YES/NO

I consent to Russell House seeking references from my nominated referees YES/NO

I consent to Russell House checking links to any of my social media sites YES/NO

I consent to Russell House applying for a Barred List check YES/NO

I have read and understood the school Safeguarding Policy (inc Code

of Conduct for Staff) YES/NO

I consent to Russell House applying for a DBS disclosure on my behalf YES/NO

Signature……………………………………………………..Date……………………

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**DISCLOSURE AND BARRING SERVICE (“DBS”)**

In order to comply with regulations, Russell House needs to make checks on your identity and address. Original documents or certified copies only are acceptable.

These documents can also be used as evidence in order for the school to request a DBS disclosure

A total of 3 documents must be produced, one of which must be photographic evidence

**Evidence of identity and date of birth**

Photographic evidence – either Passport or Photo Driving Licence

Birth Certificate

Marriage certificate

**Evidence of address**

Recent bank/building society statement

Credit Card statement

Correspondence from the Inland Revenue

Utility bill

(Any of these documents must be in your name, showing your current address and be less than 3 months old)

**~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~**

**Additional documents that the school needs to see**:

o Evidence of qualifications - original or certified copies only

o Eligibility to work in the UK if not a national of an EEA country

o Any other evidence you feel appropriate e.g. First aid certificate