

APPLICATION FORM

Personal Details

| | | | | | | | | |
|-------------------------------|--|------------------------------------|--------------------------------------|---------------------------------------|---|---------|----------------------------------|------------------------------------|
| Title : | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Ms <input type="checkbox"/> | Dr <input type="checkbox"/> | Other/Pls. indicate <input type="checkbox"/> | Gender: | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Full Name (as per passport) : | | | | | | | | |
| Preferred Name: | | | | | | | | |
| Current Address : | | | | | | | | |
| Contact Telephone Number : | Home : | | | | | | | |
| | Mobile : | | | | | | | |
| | Work : | | | | | | | |
| E-Mail Address: | | | | | | | | |
| UAE Visa Status: | <input type="checkbox"/> Sponsored by Employer <input type="checkbox"/> Sponsored by Spouse/Father <input type="checkbox"/> Own visa (business/golden visa) <input type="checkbox"/> New to UAE (no previous UAE employment/residence visa) | | | | | | | |
| Marital Status: | Married <input type="checkbox"/> | Single <input type="checkbox"/> | Divorced <input type="checkbox"/> | Separated <input type="checkbox"/> | Engaged <input type="checkbox"/> | | | |
| Date of Birth (dd/mm/yyyy): | ____/____/____ | | | | | | | |
| Age: | | | | | Nationality: | | | |

Details of Higher Education

| | | |
|---|--------------------------|--|
| 1 | Institution: | |
| | Date Attended: | |
| | Subjects Studied: | |
| | Qualifications Obtained: | |
| | Class of Degree: | |
| 2 | Institution: | |
| | Date Attended: | |
| | Subjects Studied: | |
| | Qualifications Obtained: | |
| | Class of Degree: | |

| | | |
|---|--------------------------|--|
| 3 | Institution: | |
| | Date Attended: | |
| | Subjects Studied: | |
| | Qualifications Obtained: | |
| | Class of Degree: | |

Details of Teaching Qualification

| | | |
|---|-------------------------------------|--|
| 1 | Institution: | |
| | Dates Attended: | |
| | Subjects: | |
| | Qualifications: | |
| | Date Qualified : | |
| | Qualified Teacher Reference Number: | |
| 2 | Institution: | |
| | Dates Attended: | |
| | Subjects: | |
| | Qualifications: | |
| | Date Qualified: | |
| | Qualified Teacher Reference Number: | |

Details of relevant professional courses attended in last 5 years

| | | |
|---|--------------------------|--|
| 1 | Course Attended: | |
| | Date of Course/Training: | |
| | Details: | |
| 2 | Course Attended: | |
| | Date of Course/Training: | |
| | Details: | |
| 3 | Course Attended: | |
| | Date of Course/Training: | |
| | Details: | |
| 4 | Course Attended: | |
| | Date of Course/Training: | |
| | Details: | |

| Present Employment | | | |
|---|---|---|-----|
| Company/School Name: | | | |
| Position: | | | |
| City and Country: | | | |
| Date of Employment: | | From: | To: |
| Please Confirm: | | | |
| Current Notice Period: | | Current Monthly Salary (excluding housing and responsibility allowances): | |
| Additional Benefits (PI tick relevant benefits and provide amounts) : | <input type="checkbox"/> Responsibility Allowance Amount: | | |
| | <input type="checkbox"/> Housing provided by school/company Yes/No | | |
| | <input type="checkbox"/> Housing Allowance Amount: | | |
| | <input type="checkbox"/> Other Allowance (not included in Monthly Salary) Amount: | | |
| | <input type="checkbox"/> Medical Insurance benefits For self / For self and dependents | | |
| | <input type="checkbox"/> Annual Flight Tickets/Allowance For self / For self and dependents | | |

| Previous Employment: (Most recent first. Please explain any periods of unemployment) | | |
|--|----------------------|--|
| 1 | Company/School Name: | |
| | Position: | |
| | Country: | |
| | Date of Employment: | |
| | Reason for Leaving: | |
| 2 | Company/School Name: | |
| | Position: | |
| | Country: | |
| | Date of Employment: | |
| | Reason for Leaving: | |
| 3 | Company/School Name: | |
| | Position: | |
| | Country: | |
| | Date of Employment: | |
| | Reason for Leaving: | |
| 4 | Company/School Name: | |
| | Position: | |
| | Country: | |
| | Date of Employment: | |
| | Reason for Leaving: | |

| | | |
|---|----------------------|--|
| 5 | Company/School Name: | |
| | Position: | |
| | Country: | |
| | Date of Employment: | |
| | Reason for Leaving: | |
| 6 | Company/School Name: | |
| | Position: | |
| | Country: | |
| | Date of Employment: | |
| | Reason for Leaving: | |

Please summarise any interests or personal significant achievements

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Health / Absence from Work

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|--|--|
| How many days have you taken off work through illness in the last 3 years? | |
| Please give details of the above: | |
| Any ongoing medical conditions or operations pending. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If 'Yes', please give details of the above: | |
| Are there any other underlying reasons why you would not be able to fulfil your professional responsibilities to the full? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If 'Yes', please give details of the above: | |

| Disciplinary Issues | |
|---|--|
| Have you ever been subject to disciplinary proceedings where the disciplinary sanction is still current or where proceedings are ongoing? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If 'Yes', please provide details: | |

| Pre-booked holidays | |
|--|--|
| Please declare any in-term holidays/time off booked for the current (if applicable) or next academic year. | |

| Please include the below details for your spouse and dependent children | | | |
|---|--------------|--|---------------------------|
| Name | Relationship | DOB If under 18 | Current Year group /Grade |
| | | | |
| | | | |
| | | | |
| | | | |
| Please confirm if your child/children currently attend(s) JESS | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| Referees: Please give details of two (2) professional referees. (For teaching staff one of the referees must be from your current Headteacher or School Principal.) | | |
|---|------------|-------|
| 1 | Name: | |
| | Position: | |
| | Address: | |
| | Telephone: | |
| | E-mail : | |
| 2 | Name: | |
| | Position: | |
| | Address: | |
| | Telephone: | |
| | E-mail : | |
| <input type="checkbox"/> It is a school policy to take up references prior to interview. I confirm JESS may contact the referees above prior to interview. | | |
| Signature: | | Date: |
| <input type="checkbox"/> Please do not contact my referees prior to interview. Please inform me first. | | |
| Signature: | | Date: |

Rehabilitation of Offenders Act 1974 (exceptions) order 1975

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the UK Act. Applicants are therefore not entitled to withhold information about convictions which, for other purposes, are "spent" under the provisions of the Act. Any information provided will be completely confidential and will be considered only in relation to an application for positions to which the Order applies. Failure to disclose such convictions could result in dismissal or disciplinary action by Jumeirah English Speaking School.

| | |
|---|--|
| Date of last CRB check (or equivalent) : | |
| Good conduct certificate UAE Police Reference No: | |
| Have you ever been arrested? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you had any criminal convictions? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If 'Yes', Please provide details: | |

I give permission and authorisation for Jumeirah English Speaking School to contact the relevant Police Authorities for the purposes of obtaining information from their records regarding any past convictions, including spent convictions. I declare that the information provided on this form, and on any accompanying documents, is true to the best of my knowledge and belief.

| | |
|-------------|--------|
| Signature : | Date : |
|-------------|--------|

Declaration: Please read carefully before signing

I declare that the information given in this form is true and accurate and I understand that any offer of employment which may be made to me by JESS is subject to this declaration.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

Thank you for your interest in Jumeirah English Speaking School.

Self-disclosure Form

For completion by the candidate

If the role you are in or have applied for involves frequent or regular contact with or responsibility for children, you will also be required to provide a valid DBS (Disclosure and Barring Service) certificate, which will provide details of criminal convictions. This may also include a barred list check depending on the nature of the role (see organisational guidance about eligibility for DBS checks). All information you provide will be treated as confidential and managed in accordance with relevant data protection legislation and guidance. You have a right of access to information held on you under the Data Protection Act 1998.

Have you ever been known to any children's services department or to the police as being a risk or potential risk to children?

☐ YES ☐ NO

If yes, please provide further information:

Have you been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards children?

☐ YES ☐ NO

If yes, please provide further information:

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 (Amended) 2013?

☐ YES ☐ NO

If yes, please provide further information:

Confirmation of declaration (tick box below)



I agree that the information provided here may be processed in connection with recruitment purposes and I understand that an offer of employment may be withdrawn, or disciplinary action may be taken if information is not disclosed by me and subsequently come to the school's attention.



In accordance with the school's procedures, if required, I agree to provide a valid DBS certificate and consent to the school clarifying any information provided on the disclosure with the agencies providing it.



I confirm that there is no information in the public domain or on social media that could bring my name or the school's name into disrepute.



I agree to inform the school within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children or young people.



I understand that the information contained on this form, the results of the DBS check and information supplied by third parties may be supplied by the school to other persons or organisations in circumstances where this is considered necessary to safeguard children.

Signature of Candidate:

Print Name:

Date:

Updated: Jun 2022