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| **APPLICATION FORM** |

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| **Personal Details** | | | | | | | |
| **Title :** | **Mr Mrs Ms Dr Other/Pls. indicate** | | | **Gender :** | | **Male Female** |
|  | | |  |
| **Surname :** |  | | | | | |
| **Middle Name :** |  | | | | | |
| **First Name :** |  | | | | | |
| **Current Address :** |  | | | | | |
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| **Contact Telephone Number :** | **Home :** |  | | | | |
| **Mobile :** |  | | | | |
| **Work :** |  | | | | |
| **E-Mail Address :** |  | | | | | |
| **Skype ID :** |  | | | | | |
| **Marital Status :** | **Married Single Divorced Separated Engaged** | | | | | |
|  | | | | | |
| **Date of Birth :** | |  |  |  | | --- | --- | --- | | Choose an item. | Choose an item. | Choose an item. | | | | | | |
| **Age :** |  | | **Nationality :** | | Choose an item. | |

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| **Details of Higher Education** | | | |
| **1** | **Institution :** |  |
| **Date Attended :** | From : Click here to enter a date. To: Click here to enter a date. | |
| **Subjects Studied :** |  | |
| **Qualifications Obtained :** |  | |
| **Class of Degree :** |  | |
| **2** | **Institution :** |  | |
| **Date Attended :** | From : Click here to enter a date. To: Click here to enter a date. | |
| **Subjects Studied :** |  | |
| **Qualifications Obtained :** |  | |
| **Class of Degree :** |  | |

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| **3** | **Institution :** |  |
| **Date Attended :** | From : Click here to enter a date. To: Click here to enter a date. |
| **Subjects Studied :** |  |
| **Qualifications Obtained :** |  |
| **Class of Degree :** |  |

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| **Details of Teaching Qualification** | | | | | |
| **1** | | **Institution :** | |  |
| **Dates Attended :** | | From : Click here to enter a date. To: Click here to enter a date. |
| **Subjects :** | |  |
| **Qualifications :** | |  |
| **Date Qualified :** | |  |
| **Qualified Teacher Reference Number :** | |  |
| **2** | | **Institution :** | |  | |
| **Dates Attended :** | | From : Click here to enter a date. To: Click here to enter a date. | |
| **Subjects :** | |  | |
| **Qualifications :** | |  | |
| **Date Qualified :** | |  | |
| **Qualified Teacher Reference Number :** | |  | |

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| **Details of relevant professional courses attended in last 5 years** | | | | | |
| **1** | | **Course Attended :** | |  |
| **Date of Employment :** | | From : Click here to enter a date. To: Click here to enter a date. |
| **Details :** | |  |
| **2** | | **Course Attended :** | |  | |
| **Date of Employment :** | | From : Click here to enter a date. To: Click here to enter a date. | |
| **Details :** | |  | |
| **3** | | **Course Attended :** | |  | |
| **Date of Employment :** | | From : Click here to enter a date. To: Click here to enter a date. | |
| **Details :** | |  | |
| **4** | | **Course Attended :** | |  | |
| **Date of Employment :** | | From : Click here to enter a date. To: Click here to enter a date. | |
| **Details :** | |  | |

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| **Present Employment** | | | | | |
| **Company/School Name :** | |  | | |
| **Position :** | |  | | |
| **Country :** | |  | | |
| **Date of Employment :** | | From : Click here to enter a date. To: Click here to enter a date. | | |
| *Please Confirm :* | | | | | |
| **Current Notice Period :** | |  | | **Current Monthly Salary :** |  |
| **Additional Benefits :** | | Responsibility Allowance Amount :  Housing Allowance Amount :  Living Allowance Amount :  Medical Amount / Plan : | | | |

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| **Previous Employment :** *(Most recent first. Please explain any periods of unemployment)* | | | |
| **1** | **Company/School Name :** |  |
| **Position :** |  |
| **Country :** | Choose an item. |
| **Date of Employment :** | From : Click here to enter a date. To: Click here to enter a date. |
| **Reason for Leaving :** |  |
| **2** | | **Company/School Name :** |  |
| **Position :** |  |
| **Country :** | Choose an item. |
| **Date of Employment :** | From : Click here to enter a date. To: Click here to enter a date. |
| **Reason for Leaving :** |  |
| **3** | | **Company/School Name :** |  |
| **Position :** |  |
| **Country :** | Choose an item. |
| **Date of Employment :** | From : Click here to enter a date. To: Click here to enter a date. |
| **Reason for Leaving :** |  |
| **4** | | **Company/School Name :** |  |
| **Position :** |  |
| **Country :** | Choose an item. |
| **Date of Employment :** | From : Click here to enter a date. To: Click here to enter a date. |
| **Reason for Leaving :** |  |
| **5** | | **Company/School Name :** |  |
| **Position :** |  |
| **Country :** | Choose an item. |
| **Date of Employment :** | From : Click here to enter a date. To: Click here to enter a date. |
| **Reason for Leaving :** |  |
| **6** | | **Company/School Name :** |  |
| **Position :** |  |
| **Country :** | Choose an item. |
| **Date of Employment :** | From : Click here to enter a date. To: Click here to enter a date. |
| **Reason for Leaving :** |  |

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| **Please summarise any interests or personal significant achievements** |
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| **Health / Absence from Work** | |
| 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. | YES  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? | YES  NO |
| If ‘Yes’, please give details of the above : | |

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| **Disciplinary Issues** | | |
| Have you ever been subject to disciplinary proceedings where the disciplinary sanction is still current or where proceedings are ongoing? | YES  NO |
| If ‘Yes’, please provide details : | |

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

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| **If you are appointed, will you be accompanied and if so, by whom? Please include dependent children and their DOB.** | | | | |
| **Name** | **Relationship** | **DOB If under 18** | |
|  |  | Choose an item. Choose an item. Choose an item. | |
|  |  | Choose an item. Choose an item. Choose an item. | |
|  |  | Choose an item. Choose an item. Choose an item. | |
|  |  | Choose an item. Choose an item. Choose an item. | |
| **Please confirm if your child/children currently attend JESS** | | | YES  NO |

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| **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 :** |  | |
| **Please inform me first - 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 :** Click here to enter a date. |
| **Please do not contact my referees prior to interview.** | | | |
| **Signature :** | | | **Date :** Click here to enter a date. |

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| **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) :** | Click here to enter a date. | |
| **Good conduct certificate UAE Police Reference No :** |  | |
| **Have you ever been arrested? :** | YES  NO | |
| **Have you had any criminal convictions?** | YES  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 :** Click here to enter a date. |

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| **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 :** Click here to enter a date. |
| ***Note :*** *Please e-mail this completed form, CV, and letter of application outlining your suitability for this position to* [***recruitment@jess.sch.ae***](mailto:recruitment@jess.sch.ae)  *Thank you for your interest in Jumeirah English Speaking School.* | |

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| **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 organisation’s attention. | | |
|  | In accordance with the organisation’s procedures if required I agree to provide a valid DBS certificate and consent to the organisation clarifying any information provided on the disclosure with the agencies providing it. | | |
|  | I agree to inform the organisation 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 organisation to other persons or organisations in circumstances where this is considered necessary to safeguard children. | | |
| **Signature of Candidate :** | | |  | |
| **Print Name :** | | |  | |
| **Date :** | | | Click here to enter a date. | |

***Updated : May 2020***