Application Form

**CONFIDENTIAL APPLICATION FOR EMPLOYMENT**

**Post Applied for:**

**Complete the application form electronically or using black ink.**

**If you have any queries or difficulties completing the application form, please contact Miss Natalie Doyle (details below).**

**Please return the completed application form to:**

Miss Natalie Doyle

Email: recruitment@thehampshireschoolchelsea.co.uk

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| **1.   PERSONAL DETAILS** |  |  |
| Family Name |  |  |
|  |  |  |
| First Names |  |  |
| Title |  |  |
|  |  |  |
| Address |  |  |
|  |  |  |
| Post code |  |  |
|  |  |  |
| Telephone numbers |  |  |
|  |  |  |
| Home |  |  |
|  |  |  |
| Mobile |  |  |
|  |  |  |
| E-mail |  |  |
|  |  |  |
| Current Driving Licence and details of endorsements if any |  |  |
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| **2.   EDUCATION – PLEASE LIST ALL EDUCATION** | | | |
| Schools attended (most recent first) | Dates | | Examinations (subjects/grades) |
| From | To |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Further education and training | From | To | Examinations (subjects/grades) |
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| **3. EMPLOYMENT – PLEASE LIST ALL EMPLOYMENT (Please provide explanation for any gaps in employment)** | | | | | |
| **EMPLOYERS DETAILS** | **DATES OF EMPLOYMENT** | **CONTACT DETAILS** | **JOB TITLE** | **REASON FOR LEAVING** | **FINAL SALARY** |
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| **4. RECENT TRAINING** | |
| **DATES** | **Title** |
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| **5. GENERAL** | | |  |  | |
| Do you have any spent or unspent convictions? (Applicants are not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Rehabilitation of Offenders Act 1974.)  If yes please enclose details.  In certain circumstances, employment is dependent upon obtaining a satisfactory disclosure from the Disclosure and Barring Service. | | | Yes  No |  | |
| Have you ever been subject to disciplinary procedures? | | | Yes  No |  | |
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| Membership of professional organisation(s) | | | |  | |
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|  | |  | |  | |
| DfE Number  GTC Number | | |  |  | |
| If offered this position will you continue to work in any other capacity? E.g. school governor (Give details) | | | Yes  No |  | |
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| **6. PECUNIARY INTEREST** | | | |  | | |
| Are you related to anyone employed by GEMS? | | Yes  No | |  | | |
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| Are you related to any pupil or member of staff?  If Yes, please give details | | Yes  No | |  | | |
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| **7. WORK PERMITS** | | | |  | |
| Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK? | | Yes  No | |  | |
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| If yes to the above, are there any factors that would restrict your ability to obtain a valid work permit? Give details | | Yes  No | |  | |
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| **8. LANGUAGES** | |  | |  |
|  | Do you speak or read a foreign language? Give language and details of competence level. | Yes  No | |  |
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| **9. DISABILITY** | |  | |
| Are you registered disabled?  If yes, please give disability number. | Yes  No | |
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| Disability Number: | | |

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| **10. LEISURE/NON WORK ACTIVITIES** | |  | |  |
|  | Please note here your leisure interests, sports and hobbies, other non-work activities |  | |  |
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| **11. REFERENCES (Please give the contact details for 2 Referees)** | | |  |
|  | Recent Employer | Other |  |
|  | Name:  Position:  Company:  Tel No:  e-mail:  Can we contact prior to interview? Yes/No | Name:  Position:  Company:  Tel No:  e-mail:  Can we contact prior to interview? Yes/No |  |
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PERSONAL STATEMENT

PLEASE ENSURE THAT YOU REFER TO THE PERSON SPECIFICATION

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| GEMS is committed to safeguarding and promoting the welfare of children and young people.  I confirm that the information given on this form is, to the best of my knowledge, true and complete and that I have not signed a compromise agreement when leaving my last post. Any false statement may be sufficient cause for rejection or, if employed, dismissal.  I agree to complete a medical questionnaire and that GEMS reserves the right to require me to undergo a medical examination. Should the company require further information and wish to contact your doctor with a view to obtaining a medical report, you will be informed of this intention and your permission will be requested prior to contacting your doctor. I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and I understand that the information will be processed in accordance with the Data Protection Act.  I agree that should I be successful in this application, I will be required to apply to the Disclosure & Barring Service through the Company/School for the appropriate level of disclosure and to supply the disclosure to the Company/School. I give my permission for the Company/School to confirm with the DBS that no additional information has subsequently been added to the disclosure. I also agree to provide any information relating to criminal convictions of anyone living at my address. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of GEMS, any offer of employment will be withdrawn or my employment terminated.  I confirm that I have not been disqualified from caring for children and young persons as set out in the Disqualification from Caring for Children (England) 2002 Regulations and List 99 and there are no current or anticipated proceedings by my regulatory body.  I confirm that I am medically fit to work with children.  Any offer of employment will be subject to references and background checks. As part of our procedure for processing your employment application, a background check and employment references will be completed. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job.  For Senior Executive positions GEMS Education may employ a third party agency to carry out investigations at point of offer and at any time during employment to ensure the information you have supplied is true and accurate and that your suitability for employment is in line with GEMS Education policies and procedures. The information will be validated by way of international, public and governmental membership databases and sources.  By signing here I hereby certify that the information provided above is true and valid and I agree to GEMS Education carrying out reference and background checks as necessary. If any of this information is found to be false/incorrect, the Company can terminate my services/or cancel my selection/appointment.  I have read, understand and agree to the statements above. | |  |
|  |  |  |
| Signature |  |  |
|  |  |  |
| Date |  |  |
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