

## APPLICATION FOR APPOINTMENT

## Position:

## *Click on or tab to grey areas to complete. Please continue on a separate sheet where necessary.*

1. **PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First Name(s) |  |
| Address |  | Telephone |  |
|  |  | Mobile |  |
|  |  | e-mail |  |
|  |  | Skype address |  |
|  |  | Teacher Number |  |

1. **EDUCATION**

Secondary School(s): give dates and places in chronological order and details of academic achievements.

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University, College and Professional Training: give details of qualifications and other achievements.

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1. **CURRENT EMPLOYMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Position |  | Employer |  |
| Commenced |  | Salary |  |
| Other benefits |  |

|  |
| --- |
| Details of Present Post (main duties/responsibilities etc. Please include reason for wishing to leave) |

1. **PREVIOUS EMPLOYMENT** (Give dates and places of all previous appointments)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Position |  | Start Date:  |  | Finish Date |  |
| Employer |  |
| Details of Position |  |
| Reason for leaving |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Position |  | Start Date:  |  | Finish Date |  |
| Employer |  |
| Details of Position |  |
| Reason for leaving |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Position |  | Start Date:  |  | Finish Date |  |
| Employer |  |
| Details of Position |  |
| Reason for leaving |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Position |  | Start Date:  |  | Finish Date |  |
| Employer |  |
| Details of Position |  |
| Reason for leaving |  |

**PERSONAL INFORMATION**

1. Please explain why you think you should be considered for this post:

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| --- |
|  |

1. Please list any other relevant qualifications or interests:

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| --- |
|  |

1. Give any other information that you consider relevant to this application:

|  |
| --- |
|  |

1. Medical information

|  |  |
| --- | --- |
| Are you a registered disabled person | Yes / No |
| Have you suffered from any medical condition which has affected (or might in future affect) your work? If YES, please give details on a separate sheet | Yes / No |
| Have you suffered any absence through ill health requiring certification within the last 12 months? If YES, please give details on a separate sheet | Yes / No |

### REFEREES

Please give names, addresses, e-mail addresses and occupations of two persons to whom reference may be made (one of these should be your present employer). If you are a newly-qualified teacher, then an appropriately qualified individual. Referees should have known you for at least TWO years, and must not be family members.

Please note that if you are invited for interview, we will request written references from your referees.

Do inform us if you do not wish us to contact your current employer at this stage.

First Referee:

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Address |  |
|  |  |
| Phone |  | email |  |

Second Referee:

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Address |  |
|  |  |
| Phone |  | email |  |

Please indicate where you saw first saw this post advertised:

The post applied for is exempt from the Rehabilitation of Offenders Act 1974 and therefore all convictions, cautions and bind-overs, including those regarded as spent, must be declared. Accordingly, the following declarations are required.

I am not barred on the Independent Safeguarding Authority Children’s List.

I am not disqualified from work with children, nor subject to sanctions imposed by a regulatory body; and I have no convictions or bind overs. (If any are held, details must be provided in a sealed envelope marked confidential and attached to this application)

I understand that if successful in this application I will be required to obtain a Disclosure at the Enhanced Level from the CRB and that the appointment will be subject to the CRB report

To your knowledge is there anything in your private or professional life that could cause embarrassment to King Henry VIII College: YES / NO. If YES, please provide details on a separate sheet and sign and date the statement.

To the best of my knowledge the information given on this form is correct. I understand that giving any false information will disqualify my application.

Signature:  Date:

*(An electronic signature will suffice for this form; your own signature may be required later)*

Please return the completed form by email to: applications@kinghenryviii.edu.my