



**ST EDMUND'S SCHOOL
CANTERBURY**
CT2 8HU

Tel: 01227 475600 Fax: 01227 471083
www.stedmunds.org.uk

APPLICATION FOR ACADEMIC STAFF APPOINTMENT

Post:

Junior School: Senior School: Full-time: Part-time:

Proposed commencement (date/term of appointment):

CANDIDATE

Status: Mr / Mrs / Ms / Dr / Other:	Surname:
Forenames:	
Nat Ins No:	DCSF No:
Children, if any (name, age, sex):	
Home address: Post Code:	Correspondence address, if different: Post Code:
Tel/Mob:	Tel/Mob:
Email:	Email:

Do you have the right to take up employment in the UK and, if necessary, a Work Permit? YES / NO

PRESENT EMPLOYMENT

Employer:	
Post held:	
Length of service:	Date of appointment to current post:
Current salary:	Notice period:
Any other benefits (including benefits in kind):	

EDUCATION (with dates)

Secondary School:

Higher Education:

Educational Qualifications:

Subject (A2/AS Level)	Grade	Date	Awarding Body

Diplomas/Degrees (if any):

Diploma/Degree	Class	Date

Other Professional Qualifications (if any):

Qualification	Date

Do you have QTS?

Yes

No

Are you registered with GTC?

Yes

No

EMPLOYMENT HISTORY

From	To	Name and Address of Employer	Position held	Reason for Leaving

Where appropriate please provide explanations for any periods not in employment, self-employment or further education, or training. Please continue on a separate sheet, if necessary.

OTHER INTERESTS

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REFEREES

Please provide the names of two referees. One referee should be your current or most recent employer. Where you are not currently working with children but have done so in the past one referee must be from the employer by whom you were most recently employed in work with children.

Please note, references will not be accepted from relatives.

Name:			
Address:			
Tel/Mob:		Email:	

Name:			
Address:			
Tel/Mob:		Email:	

CONDUCT

Have you ever been convicted or found guilty of any offence, had a binding over order issued against you or been given a caution?	Yes		No	
<i>Answering 'Yes' will not necessarily be a bar to obtaining a position. If 'Yes' you are required to give details as the post for which you are applying is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 as amended. All convictions, cautions and bind-overs including those regarded as "spent" must be declared. Any offer of appointment will be dependant on the completion of a satisfactory Criminal Records Bureau check.</i>				
Has any charge in respect of any offence been brought against you and not yet been disposed of?	Yes		No	
<i>If Yes, give details:</i>				

MEDICAL

If you are offered a post at St Edmund's School Canterbury this will be subject to a medical examination report from your own GP, at our expense.

DRIVING LICENCE

Type of licence held:	
Endorsements:	

CONTACTS

Please declare the name of any family or close relationship to existing employees or governors of St Edmund's School Canterbury.

Name	Relationship

DECLARATION

I hereby confirm that the above information is true and accurate. For the purposes of compliance with the Data Protection Act 1998, I hereby give my consent to St Edmund's School Canterbury to process the data supplied in this application form for the purposes of recruitment and selection.

I am aware that the post for which I am applying is exempt from the Rehabilitation of Offenders Act 1974 and therefore that all convictions, cautions and bind-overs, including those regarded as "spent" must be declared. I have not been disqualified from working with children, am not named on DfES List 99 or the Protection of Children Act List, am not subject to any sanctions imposed by a regulatory body (eg the General Teaching Council) and:

- *either (please delete one of the following * as appropriate) *I have no convictions, cautions or bind-overs, or *I have attached details of any convictions, cautions or bind-overs in a sealed envelope marked confidential.*

Any offer of appointment will be dependant on the completion of a satisfactory Criminal Records Bureau check.

Name:

Date:

Signature: