

 **APPLICATION FOR WORK
 (Confidential)**

**Job title: Date:**

 **Personal details**

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| **Surname:**  | **Forename(s):**  |
| [ ]  **Ms**  [ ]  **Mrs** [ ]  **Miss**   | **D.O.B: / / Age:** |
| **Home Address (including postcode):** | **Address to which correspondence should be sent if not home address (including postcode):** |
| **Daytime telephone number:**  | **Evening telephone number:**  |
| **Email address:**  |
| **Do you hold a current driving licence? Yes** [ ]  **No** [ ]  |
| **National Insurance Number:** |

**Education and qualifications**

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| Where attained | Subjects / Qualifications | Period of studyFrom -to | Grade |
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| **Class/ Division of Degree:** **Age group qualified to teach. Please tick one of the following.**[ ]  **Primary** [ ]  **Secondary** |

**Employment history – Please give details of all your current/previous employment history, starting with the most recent.**

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| Employer | Full Address | Position held | Full/Part time | From | To | Reason for leaving |
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**Training and Development (please give detail of any relevant course attended)**

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| **Course Title** | **Date**  | **Provider** |
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| **Name of referee** | **Status or job** | **Address for contact** | **Telephone**  | **Email** | **Relationship to applicant** |
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**References**

**Personal statement**

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**DBS CERTIFICATE**

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| **Please state if you hold a current DBS certificate. Yes** [ ]  **No** [ ] **Date of issue: Date expires:**  |

**Declaration**

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|  **I confirm that I am not barred, either totally or to a limited extent, from work involving regular contact with children, young persons or other vulnerable people, not subject to any prohibitions, sanctions, conditions, restrictions or disqualifications in relation to my employment/work imposed by the Secretary of State or a regulatory body.****In accordance with the Data Protection Act 2018, I agree that information I have provided may be held and used for personnel reasons.** **I understand that an offer of appointment will be subject to satisfactory references, DBS clearance, proof of identity and right to live and work in the UK, medical checks and relevant qualifications. I understand that failure to disclose any relevant information, or the provision of false information, could result in the withdrawal of any offer of appointment or my dismissal without notice at any time in the future, and possible criminal prosecution.**  **I hereby declare that information given on this form is complete and accurate.****Signed: Date:**  |

**Please return completed form to**

**The Fountain**

**109/111 Newcross Street**

**Bradford**

**BD5 8BP**