

ST JOHN’S

A MERCHANT TAYLORS’ SCHOOL

APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **POSITION APPLIED FOR:** |  |
|  |  |  |  |  |  |  |
| FORENAMES: |       | SURNAME: |       |
|  |  |  |  |  |  |  |  |  |
| TITLE: |       | PREVIOUS SURNAME: |       |
|  |  |  |  |  |  |  |  |  |
| ADDRESS: |       |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |
| TELEPHONE: |       | MOBILE NO: |       |
|  |  |  |  |  |  |  |  |  |
| EMAIL: |       |
|  |  |  |  |  |  |  |  |  |
| DfE REFERENCE NUMBER: |       |  |
|  |  |  |  |  |  |  |  |  |
| NATIONAL INSURANCE NUMBER: |       |  |  |
|  |  |  |  |  |  |  |  |  |
| **CURRENT OR MOST RECENT EMPLOYMENT**: |  |  |  |
| NAME AND ADDRESS OF CURRENT EMPLOYER: |       |
|  |  |  |  |  |  |  |  |  |
| DATE OF APPOINTMENT: |       | JOB TITLE: |       |
|  |  |  |  |  |  |  |  |  |
| CURRENT SALARY: |       | NOTICE REQUIRED: |       |
|  |  |  |  |  |  |
| REASON FOR LEAVING  |       |
| (if applicable) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PREVIOUS EMPLOYMENT:** |  |  |  |  |  |  |
| Most recent first and including any temporary, unpaid and voluntary work experience. |
| FromMonth/Year | ToMonth/Year | NAME and ADDRESS of EMPLOYER | JOB TITLE and BRIEF DESCRIPTION | REASON FOR LEAVING |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|  |  |  |  |  |  |  |  |  |
| Please explain any periods not in employment since the end of full-time education. |
|       |
|  |  |  |  |  |  |  |  |  |
| **EDUCATION, QUALIFICATIONS and TRAINING:** | *Proof of qualifications will be required at interview stage.* |
| SCHOOL(S) ATTENDED:11 –18 years |       |
|  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |
| A-LEVELS or equivalent: | Level and subject | Grade | Level and subject | Grade |
|  |  |       |       |       |       |
|  |  |       |       |       |       |
|  |  |       |       |       |       |
|  |  |  |  |
| HIGHER EDUCATION including teacher training (earliest first) |  |  |
| FromMonth/year | To Month/Year | Universities/Colleges attended – including part time | Title and class of degree and grade e.g. BA(Hons)2 (i) | Subject or Course Title |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **TRAINING AND DEVELOPMENT**: |  |  |  |  |  |
| Please include details and dates of any training and development (i.e. courses, seminars, special projects and other continuous professional activities) relevant to your application. |
|       |
| Please continue on a separate sheet if necessary |
|  |  |  |  |  |  |  |  |  |
| **REFERENCES** ~ Please give the name, address and telephone number of **TWO** referees. If your current / most recent employment does / did not involve work with children, then your second referee should be from your employer with whom you most recently worked with children. Neither referee should be a relative or someone known to you solely as a friend. The School intends to take up references on all shortlisted candidates before interview. The School reserves the right to take up references from any previous employer. If the School receives a factual reference i.e. one which contains only limited information about you, additional references may be sought. If you have previously worked overseas the School may take up references from your overseas employers. |
|  | 1. Present or most recent employer | 2. Second Referee |
| NAME: |       |       |
| POSITION: |       |       |
| ADDRESS: |       |       |
|  |  |
|  |  |
|  |  |
| TELEPHONE: |       |       |
| EMAIL: |       |       |
| In what capacity does this person know you? |       |       |
|  |  |  |  |  |  |  |  |  |
| **GENERAL:** What hobbies, interests do you have?       |
|  |  |
| **HEALTH:** If you are successful in this application, prior to formal appointment, you will be required to complete a confidential statement of medical history and may be required to undergo a medical examination. If you have a disability please let us know of any special arrangements we may need to make if you were short-listed for interview.      |

|  |
| --- |
| **EXISTING CONTACTS WITH THE SCHOOL:** Please indicate if you know any existing employees or governors at the school, and if so how you know them. |
|       |
|  |  |  |  |  |  |  |  |  |
| **SUPPORTING STATEMENT:** |
| Please enclose a letter of application or supporting statement, explaining your interest in this post and why your qualifications, experience and personal qualities are relevant to this appointment. You should mention any recent professional development you have undertaken, and any extra-curricular areas to which you would wish to contribute |
|  |
| It is the responsibility of all candidates to familiarise themselves with the School’s Safeguarding (Child Protection) Policy(This document can be viewed on the School website at www.st-johns.org.uk) |
|  |
| **NOTES:** |  |
| 1. | St John’s School welcomes applications from all, irrespective of gender, marital status, disability, race, age or sexual orientation. |
| 2. | It is our practice to contact referees prior to the interview process. |
| 3. | Applicants whose qualifications have been obtained outside ENGLAND and WALES should attach a copy of their letter of recognition from the Department for Education. |
| 4. | Data Protection - The information or data which you have supplied may be processed and held on computer, and will be processed and held on your personal records if you are appointed. Strict confidentiality will be observed and disclosures will only be made for payroll and personnel administration purposes. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| **DECLARATION:** |  |  |  |  |  |  |  |
| * I confirm that the information I have given on this application form is true and correct to the best of my knowledge. Any false statement may be sufficient cause for rejection or if employed, dismissal
* I confirm that I am not named on the Children's Barred List or otherwise disqualified from working with children.
* I understand that providing false information is an offence which could result in my application being rejected or (if the false information comes to light after my appointment) summary dismissal and may amount to a criminal offence.
* I consent to the School processing the information given on this form, including any 'sensitive' information, as may be necessary during the recruitment and selection process.
* I consent to the School making direct contact with the people specified as my referees to verify the reference.
* I confirm that, to the best of my knowledge, I am not disqualified from working in early years provision or later years provision with children under the age of eight.
* In accordance with DfES guidance any offer of employment will be conditional upon the School verifying the successful applicant’s medical fitness for the role. If your application is successful, you will be required to complete a medical questionnaire the responses to which will be assessed by the School Nurse and HR before any offer of employment is confirmed. There may be circumstances when it will be necessary for the School's medical adviser to be given access to your medical records and/or for you to be referred to a specialist clinician.
* 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 Child Barred List or the Protection of Children Act List, am not subject to any sanctions imposed by a regulatory body and either *(please tick 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. |
|  |
| I hereby certify that the entries on Pages 1 to 5 of this form are complete and correct to the best of my knowledge. Where this form is submitted electronically and without signature, electronic receipt of this form by the School will be deemed equivalent to submission of a signed version and will constitute confirmation of the above declaration. |
| ……………………………………………..Signature |  |  |      ………………………………..**Date** |
|  |  |

Your application form should be returned by the date specified to:

#### Mr M S Robinson (Headmaster)

**St John’s School, Potter Street Hill, Northwood, Middlesex HA6 3QY**

**Tel: 020 8866 0067**

Or by email: **office@st-johns.org.uk**

*(a separate Curriculum Vitae may also be enclosed, together with a covering letter of application)*