QUORN HALL
SCHOOL

Confidential Application form

The information given on this form will be treated in confidence. Any offer of employment will be subject to an Enhanced DBS check, satisfactory references and documentary evidence showing your entitlement to work in the UK.

So that we compare candidates fairly, this form is the only document we consider when screening applications. Therefore, please do not send a CV, written references, examples of work or other supporting information unless it is specifically requested.

Position applied for: PSHE Teacher

Title: Mrs/Miss/Ms/Mr/Dr/Other:	
Full Forename(s):	
Surname:	
Previous Name(s):	
Address:	
Postcode:	
Home Telephone Number:	Mobile Telephone Number:
Email address:	

ASYLUM AND IMMIGRATION ACT 1996 - National Insurance No. (please complete)	
If no NI number available, do you have evidence of your entitlement to live and work in the UK?	YES/NO (please circle appropriate)
Please confirm you have 'Right to Remain' and 'Right to work in the UK'	YES/NO (please circle appropriate)
TEACHERS REGISTRATION NO. – if applicable:	
In the last 5 years, have you spent 3 months or more overseas?	YES/NO (please circle appropriate) **If yes, please provide further details.**
ARE YOU RELATED TO ANY EXISTING EMPLOYEES OR DIRECTORS OF CAVENDISH EDUCATION LTD?	YES/NO (please circle appropriate) **If yes, please give name(s):**
DISABILITY DISCRIMINATION ACT 1995 - Do you have any disability or health condition for which you think you may require support from your employer?	YES/NO (please circle appropriate) **If yes, please provide further details.**
MEDICAL DECLARATION ● I declare that, to the best of my knowledge, I know of no reasons, on grounds of mental or physical health, why I should not be able to discharge the responsibilities required by the role. ● I understand that the School is legally required to verify my medical fitness for the role and that my employment with the School is therefore conditional upon my being medically fit to carry out the duties required by the role. ● I understand that failure to disclose any relevant information now, or giving false information, may result in the termination of my employment or the withdrawal of an offer of employment. ● I consent to the School retaining this medical declaration and any other information about my medical fitness on my confidential personnel file for the duration of my employment. ● I understand and agree that the School may use any medical information held about me to	**Please Sign and date & add further information**

help discharge its obligations towards me as my employer as and when it is necessary, or reasonable, to do so. ● I further understand and agree that the School may confidentially retain any medical information about me for a period of six months after my employment terminates, following which it will be securely destroyed. ● I hereby give my consent to Gryphon School processing the data supplied above. ● The information I have provided on my impairment or health condition is **correct** to the best of my knowledge and belief.	**Signature _____** **Date_____**

Please give details of Secondary, Further Education including GCSEs and A Levels or equivalent vocational courses & Higher Education.

SECONDARY EDUCATION

School/College Attended:
From/To:
Qualifications/with grades:

FURTHER EDUCATION

School/College Attended:
Qualifications:

HIGHER EDUCATION

University/College Attended:
From/To:
Qualification(s) obtained:
Any other professional or vocational qualifications
Name of Awarding Body:
Date From/To:
Qualifications/with grade/level:

Please continue on a separate sheet if necessary.

IT SKILLS – please tick to show your level of ability:

	Basic	Competent	High
Google suite			
E-mail			

Full Employment History (please identify gaps in employment)

Please complete details of your present/most recent employment as requested below and previous employment.
Please include any part time or voluntary employment. Continue on a separate sheet if necessary.

PRESENT/MOST RECENT EMPLOYMENT

Title of present post:	
Employer's Name and Address:	
Telephone Number:	
E-mail address:	
Employed from:	Employed to:
Present salary £	Scale/Point:
Additional Allowances - please specify category:	
Please give a brief description of current duties, responsibilities and achievements:	
Reason for Leaving:	

PREVIOUS EMPLOYMENT with explanation of any gaps

In chronological order, continue on a separate sheet if necessary. **Please note:** Any gaps in employment history will be explored at interview.

1- Name and Address of Employer:	
From/To:	
Job Title and main responsibilities:	
Salary and Scale:	Full Time/Part Time:
Reason for leaving:	
2 - Name and Address of Employer:	
From/To:	
Job Title and main responsibilities:	
Salary and Scale:	Full Time/Part Time:
Reason for leaving:	
3 - Name and Address of Employer:	
From/To:	
Job Title and main responsibilities:	
Salary and Scale:	Full Time/Part Time:
Reason for leaving:	
4 - Name and Address of Employer:	
From/To:	
Job Title and main responsibilities:	
Salary and Scale:	Full Time/Part Time:

Reason for leaving:
5- Name and Address of Employer:
From/To:
Job Title and main responsibilities:
Salary and Scale: Full Time/Part Time:
Reason for leaving:
Explanation of gaps (if necessary)

Please continue on a separate sheet if necessary.

PERSONAL STATEMENT

Using the Job Description and Person Specification, please demonstrate (in no more than 2000 words) using examples, your suitability for the position you are applying for. Please include your reasons for applying and interest in this position. ***Please continue on a separate sheet if necessary.***

REFEREES

Please supply the names and contact details of three referees who can comment on your suitability for this position. One must be your current or most recent employer.

(**Note: if you are not currently working with children but have done so in the past the second referee must be the employer by whom you were most recently employed in work with children.** References will not be accepted from relatives or persons who only know you as a friend). Where this information is not given we reserve the right to contact your current/most recent employer directly.

Also, in relation to work with children, we will seek information about any past disciplinary issues relating to children and/or child protection concerns you may have been subject to. If you have any concerns about this please contact the school to discuss the issues.

1 - Name:	Position:
In what capacity do you know the referee:	
Name of organisation:	
Address:	
Postcode:	
Daytime Tel Number:	Fax Number:
E-mail:	
2 - Name:	Position:
In what capacity do you know the referee:	

Name of organisation:	
Address:	
Postcode:	
Daytime Tel Number:	Fax Number:
E-mail:	
3 - Name:	Position:
In what capacity do you know the referee:	
Name of organisation:	
Address:	
Postcode:	
Daytime Tel Number:	Fax Number:
E-mail:	

All references are verified with a telephone call.

PERSONAL DECLARATIONS

The position for which you are applying involves contact with children and is exempt from the Rehabilitation of Offenders Act 1974 and all subsequent amendments (England and Wales).
For these positions you are not entitled to withhold information about police cautions, bind-overs, or any criminal convictions including any that would otherwise be considered 'spent' under the Act.

You are therefore required to declare below any convictions you may have even if they would otherwise be regarded as "spent" under the Rehabilitation of Offenders Act, including any bind-overs and cautions. You should also list any pending prosecutions.

Have you EVER been convicted or bound over at court cautioned or caution by the police for ANY offence or do you have a prosecution pending?

YES **NO** (please tick or ♍♓❐♍●♏ the appropriate box)

If YES please provide details on a separate sheet of the pending prosecutions, convictions, cautions, warnings and bind-over orders, including the approximate date, the offence, and court or police force, which dealt with the offence. Return this with your application in a sealed envelope marked 'Confidential Disclosure'.

Failure to declare a conviction, caution, warning, bind-over or pending prosecution, may disqualify you from appointment, or result in summary dismissal if the discrepancy comes to light.

DATA PROTECTION ACT

For the purpose of the Data Protection Act 2018, I consent to the information contained in this form and any information received by or on behalf of Cavendish Education Ltd, relating to the subject matter of this form, being processed by them in administering the recruitment process

If you are appointed, the information will form part of your personnel record and may be used by Cavendish Education Ltd for business purposes including the prevention and detection of fraud. If you are appointed, the foregoing information will be stored on the computer files of a personnel information system.

SELF DECLARATION

I hereby declare to the best of my knowledge and belief that:

1) I am not on the Children's Barred List.
2) I have never been cautioned for, convicted of or charged with certain violent and sexual criminal offences against children and adults, at home or abroad.
3) No orders have been made against me relating to my care of children.
4) I have never had any registration cancelled in relation to childcare or children's homes or have ever been disqualified from private fostering.

I declare that the information I have given on this form is complete and accurate and that I am not banned or disqualified from working with children nor subject to any sanctions or conditions on my employment imposed by The Independent Safeguarding Authority, the Secretary of State or a regulatory body. I understand that to knowingly give false information, or to omit any relevant information, could result in the withdrawal of any offer of appointment, or my dismissal at any time in the future and possible criminal prosecution.

I have read the above statements and clearly understand that failing to declare any of the above may result in summary dismissal from my position.

Please complete in **BLOCK CAPITALS:**

SURNAME:	FORENAME(S):
SIGNED:	DATE:

I understand that if my application is successful I will be required to obtain an Enhanced Disclosure & Barring Service Check (DBS).

Sign to confirm you understand the above statement: