

HIGHCLARE SCHOOL



Application for Teaching Appointment

Name in full (Surname first, BLOCK CAPITALS) _____

Married, Single, Widow, etc _____ Maiden Name, if married _____

Address _____

Post Code _____

Date of Birth: _____ Telephone No _____ Mobile No. _____

POSITION APPLIED FOR: _____

(Please state where you heard about this vacancy) _____

PRESENT POSITION : _____

PRESENT SALARY: _____

Referees (*Referees will be contacted prior to interview **unless** you make a specific request that they should **not** be approached*)

Names & addresses of two referees:		
Telephone No:		
Position:		

All offers of employment will be subject to the receipt of a minimum of two satisfactory references, one of which must be from the applicant's current or most recent employer.

Education & Qualifications

Secondary School (s) attended	Dates From – To	Examinations Taken	Grades Obtained	Date

University or College Attended	Period of Course From – To	Degree or Certificate obtained (if Degree, state Honours or Class)	Date of Award	Subjects

OTHER QUALIFICATIONS NOT INCLUDED ABOVE

Examining Body	Subject (s)	Date	Grade of Success	Course particulars (if any)

TEACHING EXPERIENCE

School (with Authority or Employing Body shown and	Type (e.g. Independent, Grammar, Comprehensive Junior, Preparatory, etc.	Status (whether qualified or unqualified assistant, and position held if carrying special allowance (full time or part time)	Period of Appointment From – To

OTHER EXPERIENCE (e.g. Evening School Experience, Industrial Experience, etc. including service with H.M. Forces)

Employer	Full Address	Period of Employment

Courses Attended in the last 3 Years

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Other Information Any further information which you feel would be useful to us in support of your application:

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Pre-Employment Health Questionnaire		STRICTLY CONFIDENTIAL	
Name and address of GP:			
Medical history	Please complete the following questions by ticking the appropriate box. If the answer is 'yes', give details including (a) date, (b) amount of time lost from work/school (if any), (c) treatment (if any).		
Have you ever suffered from any of the following illnesses?	Yes	No	If yes, please give details
Visual defects/eye conditions (including colour blindness)			
Hearing defects/ear conditions			
Severe anxiety, depression, other psychiatric disorder			
Paralysis or other neurological disorder			
Fainting attacks, blackouts, epilepsy or fits			
Recurrent headaches, migraine			
Vertigo, giddiness or tinnitus			
Heart disease, high blood pressure			
Asthma, bronchitis, tuberculosis or other chest disease			
Liver disorder			
Kidney or bladder problems			
Recurrent backache, arthritis, rheumatism			
Any blood disorder			
Eczema, dermatitis, other skin conditions			
Diabetes, thyroid or other gland problems			
Hay fever, allergies to drugs, animals etc			
Any recurrent infections			
Any impairment of immunity to infection			
Hernia			
Any alcohol or drug related problems or illness			
Any other medical condition, physical or mental, not mentioned above			
Have you?	Yes	No	If yes, please give details
Ever undergone a surgical operation or been admitted to hospital for any reason?			
Had more than 20 days' sickness absence in the past 2 years?			
Ever been, or are, a Registered Disabled Person?			

Present health status	Yes	No	If yes, please give details
Are you at present taking any medication prescribed by a doctor?			
Are you at present receiving any treatment prescribed by a doctor?			
Do you have any physical disability necessitating special aids, or requirements for access to premises?			
Do you have any other relevant health problems?			
Are there any reasons why you feel you might not be able to fulfill the requirements of the position applied for?			

Declaration

1. I declare that, to the best of my knowledge, the information I have given is correct.
2. I understand that I may be required to provide a certificate of medical fitness or attend a medical examination
3. I understand that failure to disclose relevant information or giving false information may result in termination of my employment or the withdrawal of an offer of employment and that employment is conditional upon medical fitness to discharge the responsibilities of the post in question.
4. I hereby give my consent to HIGHCLARE SCHOOL processing the data supplied above.

Signature **Date**

Criminal Records Bureau Disclosure

Please note that any offer of employment within the school is subject to satisfactory references being received from the Criminal Records Bureau. This will take the form of a Standard or Enhanced Disclosure which must satisfy the school that the applicant is not banned from working with children by inclusion in the DfES List 99. This is a legal requirement for persons working with children. However, disclosure of other Criminal Records will not necessarily be taken into consideration.

SIGNATURE & STATEMENT

I certify that the above statements are true

I understand that it will be necessary for an Enhanced Disclosure to be obtained from the Criminal Records Bureau, which includes a List 99 check.

Signature **Date**

POLICY ON EQUAL OPPORTUNITIES EMPLOYMENT

Highclare School is determined to make all efforts to prevent discrimination or other unfair treatment against any of its staff, potential staff or persons working within the school, regardless of race, gender, religion or belief, sexual orientation, responsibilities for dependants, age, or offending background that does not create risk to children and vulnerable adults. All reasonable steps are taken to ensure that disabled staff or potential staff are not placed at a substantial disadvantage in comparison with those who are not disabled.

Please return this form, together with a handwritten letter, to:

**The Headmistress
Highclare School
10 Sutton Road
Erdington
Birmingham B23 6QL**