County County	ordshire y Council	App If you need Braille, anoth	1.5	of this info	rma	ation i	n large	•	•		R	3
Application for the Post of:						Job	No:					
School Name:						Can Ref	didate No.					
If you are a currer	nt employee ar	e you applying	for this po	ost as a reo	dep	loyee	?		Yes	3	No	
Personal Informa	tion				P	reviou	ıs Narr	ne(s):	(if app	olicable	e)	
Last Name:								/	<u> </u>		/	
First Name(s):												
Home Address:												
Please specifyalterr correspondence add a separate sheet.			_									
E secil e debe e s			ŀ	Postcode:								
E-mail address: National Insuranc		wo ono):]
Date of Birth:												
Do you have a ful driving licence?	l current Ye	es 🗆 No 🗆	Home ⁻	Telephone Number								
Do you have daily vehicle?	vuse of a Ye	es 🗌 No 🗌	Work ⁻	Telephone Number								
Do you have any points on your lice		es 🗌 No 🗌	Mobile	Telephone Number								
If so, how many?												
Do you consider y	ourself to have	e a disability?							Yes		No	
(NB: The Equality which has a subs activities")												
The County Cour essential criteria		n 'Interview Gu	uarantee S	Scheme' fo	or p	eople	with a	disa	bility a	and wh	no mee	et the
lf you have a disa if you are called fo	•	e any arrangem	ents which	n we can r	nak	e for y	you		Yes		No	
If yes, please out	ine your requir	ements:										
How did you find o	out about this j	ob?										
Are you applying	on a Job Share	e basis?	Yes [□ No								
lf so, please state	the proportion	of full-time you	u are willin	g to work:								

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Present (or Most F	Recent) Employment			
Employer/School N	Name, Address and Tele	phone Number:		
Date Started:		Job Title:		
Present or Final G	rade/Salary:			
Specify any Addition	onal Benefits/Payments	you Receive:		
Notice Required:		Date of Leaving (if a	pplicable):	
Reason for leaving	ı (if applicable):			
Please Provide a E	Brief Description of Dutie	es of the Post (Continu	ue on a separa	ate sheet if necessary):

Previous Employment

Beginning with the mos	t recent, all periods since leaving full-time education should be accounted for e.g.					
unemployment, volunta	ry work, raising a family or any part-time work undertaken whilst in education.					
(Continue on a separate sheet if necessary).						
Job Title:						

Employer, Address & Telephone Number	
Start Date:	End Date: (If applicable)
Salary:	
Brief Details of Duties & Achievements:	
Reason for Leaving	
Job Title:	
Employer, Address & Telephone Number	
Start Date: Salary:	End Date: (If applicable)
Brief Details of Duties & Achievements:	
Reason for Leaving	
Job Title:	
Employer, Address & Telephone Number	
Start Date:	End Date: (If applicable)
Salary:	
Brief Details of Duties & Achievements:	
Reason for Leaving	
Job Title:	
Employer, Address & Telephone Number	
Start Date:	End Date: (If applicable)
Salary:	
Brief Details of Duties & Achievements:	
Reason for Leaving	
Job Title:	
Employer, Address & Telephone Number	
Start Date:	End Date: (If applicable)
Salary:	
Brief Details of Duties & Achievements:	
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Reason for Leaving	
Reddonnon Lodving	
Job Title:	
Employer, Address & Telephone Number	
Start Date:	End Date: (If applicable)
Salary:	
Brief Details of Duties & Achievements:	
Reason for Leaving	
Job Title:	
Employer, Address & Telephone Number	
Start Date:	End Date: (If applicable)
Salary:	
Brief Details of Duties & Achievements:	
Reason for Leaving	
Job Title:	
Employer, Address &	
Telephone Number	
Start Date: Salary:	End Date: (If applicable)
Brief Details of Duties & Achievements:	
Reason for Leaving	
Job Title:	
Employer, Address & Telephone Number	
Start Date:	End Date: (If applicable)
Salary:	
Brief Details of Duties & Achievements:	
Reason for Leaving	

Education

Please give details of all nationally recognised qualifications awarded/results awaited; from GCE Advanced Level to Further Degree Level or their equivalents in chronological order.

	nded	Name of School/College:	Qualification:	Qualification: Subject:		Grade/ Level:	Date Gained:
From (mm/yy)	To (mm/yy)				Part Time		

Copies of essential qualifications will be required on appointment.

Training (Other Continuing Professional Development) Please list any relevant courses or training you have attended in the last five years starting with the most recent (Please continue on a separate sheet if necessary).					
Title of Course:	Organising Body:	Awards (if any):	Date of Attendance: (mm/yy)		
			(
			R3: 1.07 30.05.2013		

Additional Information

Please give any details you wish in support of your application, in particular any experience, skills, knowledge, training and qualifications relevant to the post applied for as detailed in the information sent to you. (Please continue on a separate sheet if necessary).

References

One reference should relate, if applicable to your present job, or most recent employer, or a member of the School/University Academic Staff. Please state in what capacity the two referees are acting, e.g. current employer. Please include name, address, telephone number and e-mail address if known. If you have recently left full-time education, please ensure you include a Head Teacher/College/University Principal (or their representative) as one of your references.

1 st Referee Name:				
E-Mail Address: (Please provide wherever possib				
Address:				
Telephone No:		Capacity:		
2 nd Referee				
Name:				
E-Mail Address: (Please provide wherever possib				
Address:				
Telephone No:		Capacity:		
contacted should you be	you are applying for forms par e shortlisted for interview - plea ences will be sought should yo	ase see the Note	s for Applicants	s provided with this form.
Immigration Acutum	and Nationality Act 2000			
-	and Nationality Act 2006	iginal material o	idonco of their	Eligibility to Work in the
	s will be required to provide or the accompanying Guidance Not			
		. –	—	
	Y	′es 🗌	No 🗌	
Rehabilitation of Offer				
'protected' and are not	e Exceptions Order 1975 (201 subject to disclosure to emplor of these cautions and convict	oyers, and cann	not be taken int	o account. Guidance and

Do you have a prosecution pending for a conviction at a court for any offence?

		Yes	🗌 No		
Are you barred f Teaching Counc	rom working with children or sub	ject to sanctic	ons imposed b	y a regulatory bo	dy, e.g. General
		Yes	🗌 No		
conviction/cautio	vered yes to either of the above o on/sanction(s): ar about the information you shou	· · ·			
Staffordshire Co and potential ar	ounty Council aims to promote end we welcome applications from en into account for recruitment p	quality of opp diverse can	portunity for a didates. Crimi	Il with the right n	nix of talent, skills,
	chool is committed to safeguard s and expects all staff and volun				young people and
Please refer to t	he accompanying Guidance Not	es for further	information re	elating to this pro	cess.
	dge are you related to a memb affordshire County Council?	per of staff, g	governor of th	ne school or any	rone elected to or
			Yes	1 🗆	No 🗆
lf 'Yes', please s	tate their name and position held	1:			
The information given in this form will form part of The Contract of Employment for successful candidates. Under the terms of The Data Protection Act 1998 the information you give us will be kept confidential and will only be used for the purpose of personnel management. We may contact other relevant organisations to check factual information you have given details of in this application form. The information will be stored manually and / or electronically and if unsuccessful your application will be disposed of after 6 months.					
Council, directly that such canva relationship with relevant to the a appointment I m	Il the information I have provide or indirectly, in connection with assing will disqualify me as a c a member/officer of the Council application, will also disqualify me hay be liable to dismissal withou tion for employment may be store	this application candidate. I or providing in and that if s t notice. I agr	on and further further unde nformation whi uch failure/un ee that the in	r, that I will not do rstand that failui ich is untrue or of true information i iformation I give	o so. I understand re to disclose any mitting information s discovered after you in connection
Signed:					
Date:					
Working Inwards equality for all	Please remember to complete	and return th		monitoring form	ABOUA STA