

EDUCATION

HIGHER EDUCATION AND PROFESSIONAL QUALIFICATIONS

Name and Address of College, University, Institute, etc.,	Dates		Qualifications Obtained/ Level of Membership	Grade/ Awarding body	Year Taken
	From	To			

POST 16 EDUCATION (Further Education, etc ...)

Name and Address of College, University, Institute, etc.,	Dates		Qualifications Obtained/ Level of Membership	Grade Awarding/body	Year Taken
	From	To			

EDUCATION UP TO 16

Name and Address of School	Dates		Qualifications Obtained	Grade Awarding/body	Year Taken
	From	To			

TRAINING / VOCATIONAL QUALIFICATIONS

Please list any courses/vocational qualifications you have attended which are relevant to the post for which you are applying, in chronological order with start and end dates:

CAREER HISTORY

Please supply a full history in chronological order (most recent first) with start and end dates of all employment, self-employment and any periods of unemployment since leaving secondary education. Provide where appropriate explanations for any period not in employment, self employment or further education/training and in each case any reasons for leaving.

Position:	
Full or Part-time:	Grade:
Name and Address of Employer:	
Basic Salary:	Allowances:
Date of Job Commencement:	Date of Employment to:
Reason for Leaving:	Notice Required:
Main Duties, responsibilities and experience:	

Position:	
Full or Part-time:	Grade:
Name and Address of Employer:	
Basic Salary:	Allowances:
Date of Job Commencement:	Date of Employment to:
Reason for Leaving:	Notice Required:
Main Duties, responsibilities and experience:	

CAREER HISTORY Cont'd

Position:	
Full or Part-time:	Grade:
Name and Address of Employer:	
Basic Salary:	Allowances:
Date of Job Commencement:	Date of Employment to:
Reason for Leaving:	Notice Required:
Main Duties, responsibilities and experience:	

SUPPLEMENTARY INFORMATION

Please give any additional information which you consider useful in enabling a judgement to be formed for your suitability for the post. Include any interpersonal skills that you may have attained through voluntary work, hobbies etc. which might demonstrate your suitability together with your reasons for applying for the post, or further details of employment or training.

GENERAL INFORMATION

JOB SHARING

Please indicate if you are interested in job sharing

Yes

No

SELECTION ARRANGEMENTS

Do you have any particular requirements we need to make to enable you to attend an interview or other selection arrangements?

Yes/No

If yes, please give details.

EMPLOYMENT RELATIONSHIP

Are you related to any pupil/employee or Governor of the School?

Yes

No

If Yes, state their name and how you know them:

Position:

(NB: Canvassing or failure to disclose will disqualify)

REFEREES

Please provide at least TWO referees. One referee should be your current or most recent employer. Where you are not currently working with children but have done so in the past one referee must be from the employer by whom you were most recently employed in work with children. Please note, references will NOT be accepted from relatives or from referees writing solely in the capacity of friends.

May we approach these referees now?

Yes

No

Referee 1: Name:

Address*: Postcode :

Position:

Referee 2: Name:

Address*:Postcode :

Position:

Referee 3: Name:

Address*:Postcode :

Position:

***Please provide full postal addresses, email addresses, and telephone contact numbers.**

MEDICAL HISTORY QUESTIONNAIRE

NAME OF YOUR DOCTOR:

ADDRESS:

.....**TEL NO:**

The following information is required to ensure that your future job with Tonbridge School will not harm you in any way and to make sure you are not suffering from any condition which may affect the products you handle.

If you are engaged by Tonbridge School and are absent due to an illness or disability of which you were aware when you completed this form and did not disclose, you may have your employment terminated.

Please circle your answer:-

Back Trouble	Yes/No	Skin Trouble/Dermatitis	Yes/No
Ear Infection/Deafness	Yes/No	Nervous Disorder	Yes/No
Fainting/Giddiness	Yes/No	Malaria	Yes/No
Blackouts/Epilepsy	Yes/No	Smallpox	Yes/No
Anaemia/Blood Disorders	Yes/No	Pneumonia	Yes/No
Tuberculosis (or persons in the same house)	Yes/No	Rheumatic Fever	Yes/No
Food Poisoning	Yes/No	Typhoid	Yes/No
Stomach Ulcer/Prolonged or Recurrent Indigestion	Yes/No	Persistent or Recurrent Diarrhoea	Yes/No
Accidents/Serious Illness	Yes/No	Dysentery	Yes/No
Blood Pressure/Heart Conditions	Yes/No	Undergone Major Surgery	Yes/No
Alcohol/Drug Abuse	Yes/No	Kidney/Bladder Complaint	Yes/No
Depression/Anxiety	Yes/No	Are you Registered Disabled	Yes/No
Are you at present having any injections or taking pills, tablets or medicines?		Yes/No	

Is there any other information you wish to disclose, for example, results of tests, current medical investigations or hospital treatment? Yes/No

If Yes, please give details including how many days off through sickness:

DECLARATION (please note two signatures are required)

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 DCSF List 99 or the Protection of Children Act List, am not subject to any sanctions imposed by a regulatory body (e.g. the General Teaching Council), and either (please delete 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.

Signed _____ Date _____

Please note – providing false information is an offence and could result in the application being rejected, or summary dismissal if the applicant has been selected, and possible referral to the police.

Data Protection Act 1998 – 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. The data may be processed by the School for the purpose of equality monitoring, compiling statistics, and for the keeping of other employment records. By signing and returning this application form you will be deemed to be giving your explicit consent to processing of data contained or referred to on it, including any information which may be considered to be sensitive personal data.

I hereby certify that the entries on this form are complete and correct to the best of my knowledge and I agree that if my application is successful a CRB check for criminal convictions/actions will be made.

Signed _____ Date _____

Tonbridge School is committed to safeguarding and promoting the welfare of children and applicants must be willing to undergo child protection screening appropriate to the post, including checks with past employers and the Criminal Records Bureau.

This application should be sent to:-

**The Catering Personnel Officer
Tonbridge School
Tonbridge
Kent
TN9 1JP**

