

TUDOR HALL APPLICATION FORM

POSITION APPLIED FOR:

Please complete in BLOCK CAPITALS and attach to your letter of application

TITLE:SURNAME:.....

FORENAMES:.....

ADDRESS:.....

.....

TELEPHONE No: Home).....(Work).....

(Mobile).....E-Mail:.....

NATIONAL INSURANCE No:.....DFES Number:.....

DO YOU HAVE QUALIFIED TEACHER STATUS? YES/NO

DO YOU HAVE A VALID DRIVING LICENCE? YES/NO

EMERGENCY CONTACT NAME:.....

TELEPHONE NO:.....

EDUCATION: (Please supply a full history in chronological order (with start and end dates) of all training/further education.)

SECONDARY SCHOOL/COLLEGE UNIVERSITY ATTENDED:	YEAR FROM:	YEAR TO:
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.....
.....

DEGREES/GCSE/OLEVEL/ALEVEL AND OTHER RELEVANT QUALIFICATIONS – WITH DATES:

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PRESENT APPOINTMENT: **DATE STARTED:**.....

(Please supply a full history in chronological order (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 periods not in employment, self-employment and in each case any reasons for leaving employment.)

POSITION/DUTIES:.....

EMPLOYED BY:.....

CURRENT SALARY/PACKAGE:.....

REASON FOR LEAVING:.....

PREVIOUS PAID FROM/TO	EMPLOYMENT TO DATE: NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
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Are you in good health? YES/NO

Are there any disabilities, which may affect your application? YES/NO If yes, describe disabilities and

a. any reasonable adjustments, which you feel, should be made to the recruitment process to assist you in your application for the job:

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b. any reasonable adjustments, which you feel, should be made to the job itself that would enable you to carry out the job:

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Please indicate if you know any existing employees or governors at the school, and if so how you know them.

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Any job offer will be on condition that satisfactory CRB vetting and references are received. Please note that resident adult family members will also require CRB vetting to meet the requirements of the Children's Act.

Do you know of any reason why you should not be allowed to work with children? YES/NO

Have you ever been convicted of a criminal offence? YES/NO
(Declaration subject to the Rehabilitation of Offenders Act)

If yes, please state offence (s)

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Please give details of THREE referees. Should you not wish us to contact your referees prior to interview please indicate below.

YES/NO (contact referee)

YES/NO (contact referee)

Name:.....

Name:.....

Occupation:.....

Occupation:.....

Address:.....

Address:.....

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.....

Telephone No:.....

Telephone No:.....

Email:

Email:

Relationship:.....

Relationship:.....

YES/NO (contact referee)

Name:

Occupation:

Address:

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.....

Telephone No:

Email:

Relationship:

I declare that the facts and details contained in this application are to the best of my knowledge, accurate and complete. I understand that any job offer will be on condition that satisfactory CRB vetting and references are received, and to passing a medical examination if required.

Signed:.....Date:.....