

EDUCATION FOR THE COMMUNITY

Tel: 01858 464795

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APPLICATION FOR EMPLOY	MENT: SUPPORT STAFF	INTERNAL USE ONLY
		Reference No
POST:	Date Received	
How did you hear about this vacancy?		
Please ensure that you complete all se	ections of the application form and return e sheets of information may be attached	
PERSONAL DETAILS		
Title:	Surname:	
Previous Surnames:	All Forenames:	
Address:	Home Telephone Number:	
7.44.1.555	Mobile Number:	
	Business Number:	
	Email address:	
Post Code:	National Insurance Number	r:
Can you confirm that you are eligible	Yes No	
If YES, is this eligibility temporary?		Yes No
PRESENT EMPLOYMENT		
Job Title:	Telephone Number:	
Employer's Name:	May we contact you on this number?	Yes No
Address:	Date employment commenced:	
	Period of Notice:	
	Basic Pay/Grade:	
Post Code:	au B	

Other Pay:

Please provide a full history in date order, most recent first, since leaving secondary education, including periods of any post-secondary education/training, part-time and voluntary work, as well as full-time employment. Give start and end dates, explanation for periods not in employment or education/training and reasons for leaving employment.

PREVIOUS EMPLOYER								
Job Title or Position	Name and address of employer or				tes			
	description of activity		From			То		Reason for Leaving
	description of detivity	D	М	Υ	D	М	Y	
QUALIFICATIONS								
Secondary Education & Qua	ifications							

Name of School/College	From	То	Qualifications gained with date

Further or Higher Education

(Any recognised qualifications or courses attended which are relevant to the job application)

From	То	Full or Part-time	Qualifications gained with date
	From	From To	

MEMBERSHIP OF PROFESSIONA	L BODIES	14/	T	
Name of Professional Body	Membership Grade	Was membership gained through examination?	Where	Date
OUTCIDE INTERECTS /A CTIVITIE	-6			
OUTSIDE INTERESTS/ACTIVITIE	:5			
CRIMINAL OFFENCES		7.0(4)		
Please give details of any criminal offence(s) of	or pending criminal charg	je(s)		
You will be required to make an application to				
appointed, the Academy will confirm your ide employers to obtain this information on people	le who are being conside	red for appointment to pos	itions involving children, vulnera	able adults or other
positions of trust. The post you are applying those spent under the Rehabilitation of Of	fenders Act 1974 and	Exceptions Order 1975, o	cautions, reprimands, warnings,	, investigations or
prosecutions pending. Failure to disclose any not be contracted to commence work until				
sensitively and in confidence and will only be				
From 12 th October 2009, a new duty to share	information was introduc	ced under the Vetting and I	Barring Scheme. From that date	emplovers have
to notify the ISA of relevant information so the these groups. The Academy fully supports the	at employees who pose a	a threat to vulnerable group	os can be identified and barred f	from working with
these groups. The Academy rany supports the	c 15A dha wiii nodiy the	vecting and barring scheme	t ii we consider it appropriate.	
REFEREES				
References will normally	be taken up from you	r present/last Headtead	her and/or present employe	r
Name:		Name:		
Address:		Address:		
Tel No and Email:		Tel No and Email:		

Status:

Status:

Summary of experience, skills, knowledge and competencies

Please tell us about your relevant experience, skills, knowle person for the job. Always give examples of things you have specification. Please use additional paper if necessary.	dge and competencies which you feel make you the e done in your work/home life to fulfil the person	e best
Are you, to your knowledge, related to any employee or governor	at the Academy? Yes No	
NAME:	POSITION:	
RELATIONSHIP:	POSITION:	
Providing any misleading or false information to support your app will disqualify you from appointment or, if appointed, will render		rectly
DECLARATION		
I hereby declare that I have understood and complied with I agree that the information given on this form may be us 1998. I have also understood and complied with the provis	sed for registered purposes under the Data Protect	ion Act,
CICNATURE OF ARRITCANT.	DATE:	
SIGNATURE OF APPLICANT:	DATE:	