

# \*\*\*\*\* THIS FORM MUST BE SIGNED AND DATED BEFORE SUBMISSION\*\*\*\*\*

APPLICATION FORM Post:					Closing Date:								
Section 1	PERSONA	AL DE	FTAILS										
Surname	1 2113 6113			For	ename(s	;)						Title	
Previous				1.0.	chamele	· /		NI I	No			111110	
surname(s)													
Address	l												
7.00.000													
Post Code													
Telephone	Home:						Wo	rk:					
	Mobile:						Fax	:					
e-mail													
Work Permit d	etails,												
(if applicable)													
Section 2	PRESENT	OR	<b>MOST RECENT E</b>	MPLOYME	NT								
Employer's nar	ne &					Date Appointed							
address						Notice Required							
								Current S	alary				
							•	Full/Part-	Time				
Job title													
Main duties													
Reason for leaving													
Section 3	REFEREN	CES											
Please give det	tails of two	refe	erees who are ab	ole to descri	be your s	suital	bility	for this pos	st. The	se sh	ould l	be your	rpresent
or most recent	employers	, un	less you have no	ot worked b	efore.								
Name					Nam	е							
Canacity in wh	ich known				Cana	city i	n wh	ich known					
Capacity in wh	ICH KHOWH				Сара	CILY I	II WII	ich known					
Company/Business			Com	Company/Business									
Address			Address										
Address					Addi	<b>C33</b>							
Post Code					Post	Code	<u>)</u>						
Telephone			Telephone										
Fax			Fax										
e-mail					e-ma	il							
Please confirm	that refer	ence	es may be taken	up before in	terview				Yes		No		

Please give any dates when you are not available for interview:									
If your referees knew you	by another n	ame, write that r	name in this s	pace:					
Section 4 PREVIOUS	S EMPLOYME	NT							
(List your previous posts	starting with	the most recent,	explaining a	ny gaps in	your jo	b histo	ory. Please use a separato	•	
sheet if necessary).									
Employer's name &	Full /	Job title & brief	description	Dates e	mploye	d	Reason for leaving		
address	Part-Time	of duties undert		From	То		-		
				(mm/yy)	(mm/				
				(, 111	(,	,,,			
	ON / TRAININ								
Please give details of any qualifications you have obtained.									
Names of Schools/Institutions Dates To									
	From	From							
Secondary School									
•									
College/Further Education	າ								
Higher Education									
gedadda.e									
Please give details of any t	raining cours	es vou have atter	ded Ifvour	ave attend	ed man	v train	ning events please list thes	6	
Please give details of any training courses you have attended. If you have attended many training events please list these on a separate sheet and attach.									
Training Provider			Dates		- 10				
		From							
								_	
								_	

	1	ı	,					
Section 6 PERSONAL INTERESTS, OR ACTIVE INVOLVEMENT OUTSIDE WORK								
(e.g. Youth Leader)								
Continue 7 CENTERAL EVERDICALES	ND FUDTUED IA	IFODRA A TION						
Section 7 GENERAL EXPERIENCE A			or paid or uppaid work, or through study, most					
			er paid or unpaid work, or through study, meet wish to attach this information on a separate					
sheet.	e is insumcient.	space you may	wish to attach this information on a separate					

## Section 8 PROTECTION OF CHILDREN

Hillview School for Girls is legally obligated to process an enhanced Disclosure and Barring Service (DBS) check before making appointments to relevant posts.

The DBS check will reveal both spent and unspent convictions, cautions, reprimands and final warnings and any other information held by local police that is considered relevant to the role. Any information that is 'protected' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 will not appear on a DBS certificate.

For posts in regulated activity, the DBS check will include a barred list check.

It is an offence to seek employment in regulated activity if you are on a barred list.

We'll use the DBS check to ensure we comply with the Childcare Disqualification Regulations. It is an offence to provide or manage childcare covered by these regulations if you are disqualified.

Any data processed as part of the DBS check will be processed in accordance with data protection regulations and Hillview School for Girls' privacy notice.

**Do you have a DBS certificate?:** ☐ Yes ☐ No Date of check:

If you've lived or worked outside of the UK in the last 5 years Hillview School for Girls may require additional information in order to comply with 'safer recruitment' requirements. If you answer 'yes' to the question below, we may contact you for additional information in due course.

Have you lived or worked outside of the UK in the last 5 years?:  $\square$  Yes  $\square$  No

Any job offer will be conditional on the satisfactory completion of the necessary pre-employment checks.

Only applicants who have been shortlisted will be asked for a self-declaration of their criminal record or information that would make them unsuitable for the position.

Any convictions that are self-disclosed or listed on a DBS check will be considered on a case-by-case basis.

## Section 9 TIME SPENT LIVING AND/OR WORKING OVERSEAS

If you've lived and/or worked outside of the UK, the School must make any further checks it considers appropriate (in addition to the usual pre-employment checks).

We'll base the decision on whether this is necessary on individual circumstances, and factors such as:

- The amount of information you disclose in the DBS check
- The length of time you've spent in or out of the UK

### Section 10 RIGHT TO WORK IN THE UK

Hillview School for Girls will require you to provide evidence of your right to work in the UK in accordance with the Immigration, Asylum and Nationality Act 2006

By signing this application, you agree to provide such evidence when requested.

## Section 11 DECLARATION

Please indicate where you saw the advertisement for this position:	TES On-line TES Publication Other (please state)		School Website Kent Teach	_ _
Section 12				
(The post will be subject to the terms and	d conditions of the Hillvie	w School	for Girls' contract)	
If you are returning this application form copy of this document before any offer or		date. If re	turning by e-mail you v	vill be asked to sign a
Signature:	Date:			
I can produce the original documents of r	ny qualifications			
I am/am not related to any senior members I am prepared to undergo a medical exam	nination if required			
Please delete where applicable:				
confirm that no valid information has bee	en willfully withheld. I und	derstand	that if I am appointed,	
I understand that any employment, if offe	ered, will be subject to th	e informa	ation on this form being	correct, and I can

We're bound by the Public Sector Equality Duty to promote equality for everyone. To assess whether we're meeting this duty, whether our policies are effective and whether we're complying with relevant legislation, we need to know the information requested below.

This information will not be used during the selection process. It will be used for monitoring purposes only.

EQUALITIES MONITORING INFORMATION							
What is your date of birth?							
What is your sex?	☐ Male ☐ Female						
What gender are you?	☐ Male ☐ Female ☐ Other ☐ Prefer not to say						
Do you identify as the gender you were assigned at bir	☐ Yes ☐ No ☐ Prefer not to say						
How would you describe your ethnic origin?							
White   British   Irish   Gypsy or Irish Traveller   Any other White background  Asian or British Asian   Bangladeshi   Indian   Pakistani   Chinese	Black or Black I  African  Caribbean  Any other Bl  kground  Mixed  White and A  White and B		□ Arab □ Any other ethnic group  ack background  □ Prefer not to say  lack African				
Which of the following best	describes your s	sexual orientation	?				
☐ Bisexual ☐ Heterosexual/straight ☐ Homosexual		☐ Other☐ Prefer not to s	ay				

What is your religion or belief?							
☐ Agnostic	☐ Jain		☐ Other				
☐ Atheist	☐ Jewish		☐ Pagan				
☐ Buddhist	☐ Muslim		☐ Sikh				
☐ Christian	☐ No religion		☐ Prefer not to say				
☐ Hindu							
Pregnan	cy and maternity						
Are you pregnant? ☐ Yes		Have you given birth within the last 12 months?					
□No		☐ Yes					
☐ Prefer not to say		□ No					
·		☐ Prefer not to say					
Are your day-to-day activities significantly limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?							
□ Yes							
□No							
☐ Prefer not to say							
If you answered 'yes' to the question above, please state the type of impairment. Please tick all that apply. If none of the below categories applies, please mark 'other'.							
☐ Physical impairment							
☐ Sensory impairment							
☐ Learning disability/difficulty							
☐ Long-standing illness							
☐ Mental health condition							
☐ Developmental condition							
☐ Other							