

APPLICATION I	FORM Post:		Closing Date:				
Section 1	PERSONAL DETAILS						
Surname		Forenames	Forenames		:le		
Previous surna	me(s)	Teacher Refere	ence No:	NI No			
Address				l			
Post Code							
Telephone	Home:	V	Vork:				
	Mobile:	F	ax:				
E-mail:							
Section 2	PRESENT TEACHING POST (if	applicable)	T				
Present Post (T	îtle)		Date Appointed				
			Point on Scal				
Name of Schoo	l		Tully Fart-till				
Address							
			ost Code				
Type of School		Age Range		No on Roll			
Boys/Girls/Mix		Age Range Taught					
Subjects, Main	& Subsidiary						
Other Special I	nterests						
·							
Section 3	REFERENCES (One of these s		nt or most rece	ent employer)			
Name		Name					
Capacity in whi	ch known	Capacity	in which know	vn			
Address		Address					
Post Code		Post Cod	le				
Telephone		Telephone					
Fax	-	Fax					
e-mail		e-mail					
Please confirm	that references may be taken	up before interview		Yes 🗆	No 🗆		

Pleas	Please give any dates when you are not available for interview:									
If you	ır ref	erees	knew	you by another name,	write that name	in this sp	ace:			
Secti	on 4		EDU	CATION						
				& addresses of	Date	S		Qualifications and Grades		
scho	ols/ir	stituti	ons		From	То				
Secondary School, College, Further Education				ollege, Further						
High	Higher Education									
Further post graduate study			e study							
after starti	e giv the ing fr	e deta age of	ils of 18, e pre	EER HISTORY ALL full and part-time veg. commercial experisent date.	•		•			•
Dates Job title		Job title Employer-address	School Maintained/	Age Range	Approx School	Salary Scale	F/T P/T	Reason for Leaving		
Fro	m	To)	School- name &	Academy/	Nange	Roll	including	%	Leaving
M	Υ	М	Υ	address Type of business	Independent			Responsibility Points		

Dates			Job title Employer-address	School Maintained/	Age Range	Approx School	Salary Scale	F/T P/T	Reason for Leaving			
ŀ	From To)	School- name &	Academy/		Roll	including	%			
	M	Y	M	Y	address Type of business activity	Independent		Koli	Responsibility Points	76		

	E TRAINING & DEVELOPMENT						
Give details of relevant co	urses and training undertaken in Title of Course/Training incl. Home Study and Distance Learning	Name of Provider e.g. LEA, College, etc	Qualification obtained (if any)				
Section 7 PERSONAL (e.g. Youth Leader)	. INTERESTS, OR ACTIVE INVOLV	/EMENT OUTSIDE WORK					
Section 8 APPLICANT STATEMENT Pick out those aspects of your experience or skills that are <u>relevant</u> to this post. Explain how your ability, skills and knowledge match those required for the appointment, where set out, in the person specification or job description. Remember to consider experience in previous employment and relevant experience outside of paid work, such as that gained at home, in the community or through voluntary / leisure / college activities. Give examples, where you can, in support of your application. Continue on separate sheet(s) if necessary, or alternatively, attach a separate letter of application.							

Section 9	PROTECTION OF CHILDREN
	ol for Girls is legally obligated to process an enhanced Disclosure and Barring Service (DBS) check before intments to relevant posts.
information h	ck will reveal both spent and unspent convictions, cautions, reprimands and final warnings and any other neld by local police that is considered relevant to the role. Any information that is 'protected' under the n of Offenders Act 1974 (Exceptions) Order 1975 will not appear on a DBS certificate.
For posts in r	egulated activity, the DBS check will include a barred list check.
It is an offend	e to seek employment in regulated activity if you are on a barred list.
	DBS check to ensure we comply with the Childcare Disqualification Regulations. It is an offence to anage childcare covered by these regulations if you are disqualified.
	cessed as part of the DBS check will be processed in accordance with data protection regulations and ol for Girls' privacy notice.
Do you have	a DBS certificate?: ☐ Yes ☐ No Date of check:
information i	d or worked outside of the UK in the last 5 years Hillview School for Girls may require additional n order to comply with 'safer recruitment' requirements. If you answer 'yes' to the question below, we 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 10 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 11 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 12 DECLARATION

advertisement for this position:	TES Publication		Kent Teach	
ease indicate where you saw	TES On-line		School Website	
Signature:	Date:		····	
Signature:	Date:			
published Data Protection Policy and Privacy N	·			
I hereby give consent for my personal informa relevant filing systems. I understand that the			· · · · · · · · · · · · · · · · · · ·	
Section 13		موزام مرسانم	*: +- h- h-ld	
(The post will be subject to the terms and con	ditions of the Hillview Sch	ool for Gir	ls' contract)	
a copy of this document before any offer of er	mployment is made.			
If you are returning this application form by p	ost, please sign and date.	If returnir	ng by e-mail you will be	asked to sigi
Signature:	Date:			
I can produce the original documents of my qu	ualifications			
am prepared to undergo a medical examinat	•			
I am/am not related to any senior member of	staff or governor			
Please delete where applicable:				
without notice if the information on this form	•			
confirm that no valid information has been will	Ifully withheld. I understa	nd that if I	am appointed, I am liab	le to dismissa

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 bin	☐ Yes ☐ No ☐ Prefer not to say						
How would you de	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 British African Caribbean Any other Black background Mixed White and Asian White and Black African White and Black Caribbean Any other mixed background		Other Ethnic groups Arab Any other ethnic group Prefer not to say				
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							
Pregnand	cy and maternity	,					
Are you pregnant? Yes No Prefer not to say		Have you given birth within the last 12 months? ☐ Yes ☐ 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 st of the below categorie			e tick all that apply. If none				
☐ Physical impairment							
☐ Sensory impairment							
☐ Learning disability/difficulty							
☐ Long-standing illness							
\square Mental health condition							
☐ Developmental condition							
☐ Other							