**Application Form** 

**CONFIDENTIAL APPLICATION FOR EMPLOYMENT**

**Post Applied for:**

**Complete the application form electronically or using black ink.**

**Please return the completed application form to**

**Le-Anne Barber (l.barber@webberindependentschool.co.uk)**

**The Webber Independent School**

**Soskin Drive**

**Stantonbury Fields**

**Milton Keynes**

**MK14 6DP**

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| **1.   PERSONAL DETAILS** |  |  |
| Family Name |       |  |
|  |  |  |
| First Names |       |  |
| Title |  |  |
|  |  |  |
| Address |       |  |
|  |  |  |
| Post code |       |  |
|  |  |  |
| Telephone numbers |  |  |
|  |  |  |
| Home |       |  |
|  |  |  |
| Mobile |       |  |
|  |  |  |
| E-mail |       |  |
|  |  |  |
| Current Driving Licence and details of endorsements if any |       |  |
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| **2.   EDUCATION** |
| Schools attended (most recent first) | Dates (approx) | Examinations (subjects/grades) |
| From | To |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
| Further education and training | From | To | Examinations (subjects/grades) |
|       |       |       |       |
|       |       |       |       |
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| **3. EMPLOYMENT (Please provide explanation for any gaps in employment)** |
| **EMPLOYERS DETAILS** | **DATES OF EMPLOYMENT**  | **CONTACT DETAILS** | **JOB TITLE** | **REASON FOR LEAVING** | **FINAL SALARY** |
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| **4. RECENT TRAINING** |
| **DATES**  | **Title** |
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| **5. GENERAL** |  |  |
| All successful candidates will be subject to enhanced Disclosure and Barring Service checks along with other relevant pre-employment checks, including checks with past employers and required to complete a Pre-Interview Vetting Disclosure Form.  |   |  |
| Have you ever been subject to disciplinary procedures? | Yes [ ]  No [ ]  |  |
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|  |       |  |
| Membership of professional organisation(s) |  |
|  |       |  |
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| DCFS NumberGTC Number |  |  |
| If offered this position will you continue to work in any other capacity? E.g. school governor (Give details) | Yes [ ]  No [ ]  |  |
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| **6. PECUNIARY INTEREST** |  |
| Are you related to anyone employed by Bellevue?  | Yes [ ]  No [ ]  |  |
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| Are you related to any pupil or member of staff? If Yes, please give details | Yes [ ]  No [ ]  |  |
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| **7. WORK PERMITS** |  |
| Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK? | Yes [ ]  No [ ]  |  |
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| If yes to the above, are there any factors that would restrict your ability to obtain a valid work permit? Give details | Yes [ ]  No [ ]  |  |
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| **8. LANGUAGES** |  |  |
|  | Do you speak or read a foreign language? Give details of competence level. | Yes [ ]  No [ ]  |  |
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| **9. DISABILITY** |  |
| Are you registered disabled?If yes, please give disability number. | Yes [ ]  No [ ]  |
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| Disability Number: |

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| **10. LEISURE/NON WORK ACTIVITIES** |  |  |
|  | Please note here your leisure interests, sports and hobbies, other non-work activities |  |  |
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| **11. REFERENCES (Please give the contact details for 2 Referees)** |  |
|  | Recent Employer | Previous Employer / Other  |  |
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| Bellevue is committed to safeguarding and promoting the welfare of children and young people.I confirm that the information given on this form is, to the best of my knowledge, true and complete and that I have not signed a compromise agreement when leaving my last post. Any false statement may be sufficient cause for rejection or, if employed, dismissal.I agree to complete a medical questionnaire once I have been selected as a successful candidate and that Bellevue reserves the right to require me to undergo a medical examination. Should the company require further information and wish to contact your doctor with a view to obtaining a medical report, you will be informed of this intention and your permission will be requested prior to contacting your doctor. I agree that this information will be retained in my personnel file during employment and for up to six years if successful thereafter and I understand that the information will be processed in accordance with the Data Protection Act.I agree that should I be successful in this application, I will be subject to an Enhanced Disclosure and Barring Service checks along with other relevant pre-employment checks, including checks with past employers and required to complete a Pre-Interview Vetting Disclosure Form. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of Bellevue, any offer of employment will be withdrawn or my employment terminated.I confirm that I have not been disqualified from caring for children and young persons as set out in the Disqualification from Caring for Children (England) 2002 Regulations and List 99 and there are no current or anticipated proceedings by my regulatory body. |  |
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| Signature |       |  |
|  |  |  |
| Date |       |  |
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**Please enclose a current CV and covering letter with this application**