



CONFIDENTIAL

JOB APPLICATION

Post Title: Inclusion Assistant	Please return form to: Mrs. A. Selle Queensgate Foundation Primary School Beatrice Avenue, East cowes P032 6PA Email to: admin@queensgateprimary.co.uk
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Please complete this form clearly in black ink or type. Please do not send a CV (curriculum vitae) as an alternative to completing any section of the form. Additional sheets of paper may be attached if you run out of space.

Personal Details	
◆ Surname:	◆ National Insurance Number:
◆ Forename:	◆ Home Telephone:
◆ Mr/Mrs/Ms/preferred title:	◆ Work Telephone:
◆ Address:	◆ Mobile Telephone:
◆ Post code:	◆ Email Address: May we use this email address to contact you about the recruitment process? Yes <input type="checkbox"/> No <input type="checkbox"/>

Present Appointment
◆ Post held:
◆ Employer/School:
◆ Date of Appointment:
◆ Present salary and scale point:
◆ Period of notice required:
◆ Brief description of duties including age range taught and reason for wishing to leave:

Previous Posts (in date order)

Please account for any gaps in employment and continue on a separate sheet if necessary

From (dd/mm/yyyy)	To (dd/mm/yyyy)	Post Held	Employer	Subjects Taught & Significant Responsibilities	Reason for Leaving

Please tell us about any other major in-service training you have undertaken in the last five years and your current membership of professional institutions:

◆ My DCSF number is: N/A

◆ My General Teaching Council registration number is: N/A

Further Personal Details

It is the School's policy to interview disabled candidates who meet the essential requirements of the post. For this reason it is necessary to ask:

◆ Do you class yourself as disabled under the terms of the Equality Act 2010?

Yes ☐

No ☐

The Act defines disability as a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities.

Should you require any special arrangements for interview or any other part of the selection procedure, please let us know:

◆ Do you hold a current full UK driving license?

Yes ☐

No ☐

◆ Do you own a car/motor vehicle?

Yes ☐

No ☐

(this will only be considered where transport is required for the post)

Additional Information

Please let us know why you think you would be suitable for this post.

Data Protection Act

Information from this application will be processed in accordance with the Data Protection Act 1998 for the purposes registered by the School under its notification to the Information Commissioner. Individuals have the right of access to their own personal data in accordance with Data Protection.

Important Monitoring Information	
◆ Where did you see this post advertised?	Asylum & Immigration Act 1996 ◆ Are you legally eligible to work in the UK? ◆ Yes <input type="checkbox"/> No <input type="checkbox"/>
◆ Do you have any restrictions on taking up employment in the UK?	
Declaration of Criminal Offences form It is essential that you complete and return the enclosed form. Please read it carefully so that you are clear about what you need to declare and whether a Criminal Records Disclosure will also be required.	
Equality Monitoring Please complete the enclosed form and return it with your application	

Reference 1	Reference 2
For all posts We require the names and contact details of two referees; one must be your present or most recent employer. We reserve the right to take up a reference from any previous employer. For teaching posts: one referee must be your current Head Teacher. For Headships, one referee must be your current Chief Education Officer. For any post working with children or vulnerable adults If you have worked with children/young people or vulnerable adults before but are not currently doing so, one referee must be the employer you were most recently employed by working with the client group concerned.	
Name:	Name:
<input type="text"/>	<input type="text"/>
Job Title:	Job Title:
<input type="text"/>	<input type="text"/>
Relationship:	Relationship:
<input type="text"/>	<input type="text"/>
Telephone Number:	Telephone Number:
<input type="text"/>	<input type="text"/>
Fax number:	Fax number:
<input type="text"/>	<input type="text"/>
Email Address:	Email Address:
<input type="text"/>	<input type="text"/>

I certify that the information on this form is true and accurate. I understand that if the information I have supplied is false or misleading in any way it may automatically disqualify me from appointment or may render me liable to dismissal without notice.

Signature:	Date:
<input type="text"/>	<input type="text"/>