

VICKERSTOWN PRIMARY SCHOOL APPLICATION FOR EMPLOYMENT – NON TEACHING STAFF

The completed form, together with a personal letter of application (handwritten or typed) should be sent to: Mrs Ashton Devereux, Office Manager, Vickerstown Primary School, Mill Lane, Barrow in Furness, Cumbria, LA14 3XY.

Or emailed direct to: a.devereux@vickerstownschool.org.uk If sending by post, please ensure that the envelope is marked with the title of the post being applied for in the top left hand corner.

Vickerstown School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. The successful applicant will be required to undertake a criminal record check via the Disclosure & Barring Service at the enhanced level, a medical check and reference checks.

Post Applied For:	Closing date for receipt of applications:
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Preferred Title: (Please circle or delete as appropriate)	Miss Mrs Ms Mr Dr Other					
Surname:						
Forename:						
Other names:						
Address:						
Work Number:			Postcode:			
Home Number:						
Mobile Number:						
Email Address:			National Insurance Number:			
Please confirm previous CRB Nos. and Dates (if applicable)						
Do you have the legal right to work in the UK (Please circle or delete as appropriate)	YES			NO		
If Yes, and there are conditions attached, for example start or finish date, please specify:						
If No, what type of work permit do you need (Please circle or delete as appropriate)	Tier 2			Other		
Please confirm where you saw this advert (Please circle or delete as appropriate)	CCC Website			School website		
	Other source:					

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EDUCATION AND QUALIFICATIONS (please state most recent first)

1	*Dates of attendance	
	Names of School/College/University	
	Qualifications obtained – please state class of degree	

2	*Dates of attendance	
	Names of School/College/University	
	Qualifications obtained – please state class of degree	

3	*Dates of attendance	
	Names of School/College/University	
	Qualifications obtained – please state class of degree	

4	*Dates of attendance	
	Names of School/College/University	
	Qualifications obtained – please state class of degree	

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EMPLOYMENT HISTORY (Please continue on a further sheet if appropriate)

Current or last Employer

(If not applicable, please state reason e.g. school/university leaver, redundancy, etc)

Name and Address of Employer, type of business			
Dates Employed		Present Salary	
Position Held		Notice Required	
Main Responsibilities & Duties			
Please state briefly your reasons for wishing to leave			

PREVIOUS EMPLOYMENT (Please give most recent previous employment first & work backwards)

	*Dates	Position	Name & Address of employers	Reasons for leaving
1				
2				
3				

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IF THERE ARE ANY GAPS IN YOUR EMPLOYMENT OR EDUCATION HISTORY, PLEASE EXPLAIN THEM HERE (giving the relevant dates)

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TRAINING

Technical, Professional or Occupational training, to include teacher training, apprenticeships, articles, evening, full time and day and day release courses, correspondence courses, company courses.

Dates		Types of Training	Subject/Skills	College, Firm, Institute	Qualifications gained
From	To				

OTHER INTERESTS (Please list)

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PLEASE GIVE ANY FURTHER INFORMATION YOU FEEL RELEVANT TO THIS APPLICATION (e.g. special skills and abilities, training and experience) – please use further sheet of paper if needed.

PROFESSIONAL/ACADEMIC REFEREES – One of the references must be from your current or most recent employer. If your current/most recent employment does/did not involve work with children, then your second reference should be from an employer where you most recently worked with children

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(if possible). Neither referee should be a relative or someone known to you solely as a friend. Please provide full contact details for referees including e-mail address.

The School is required to take up references during the interview process. Please indicate below if this is acceptable to you.

Referee 1:	
Name:	
Position/Job Title:	
Address:	
Postcode:	
Telephone number (and extension if available):	
Fax:	
Email:	

If you DO NOT wish us to contact Referee 1 during the interview process, please tick or mark the box

Referee 2:	
Name:	
Position/Job Title:	
Address:	
Postcode:	
Telephone number (and extension if available):	
Fax:	
Email:	

If you DO NOT wish us to contact Referee 2 during the interview process, please tick or mark the box

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REHABILITATION OF OFFENDERS ACT 1974 (Exceptions Order 1975)

Please note that applicants for posts within a school are not entitled to withhold information about past convictions, 'spent' or otherwise, under the terms of the above Act.

You must disclose any past convictions at the time of your application. In the event of employment being offered and taken up, any failure to disclose such convictions is likely to result in disciplinary action by the Authority that may lead to dismissal. Any information may be given on a separate sheet from your application form and will be kept completely confidential. It will be considered only in relation to an application for positions to which an Exemption Order applies. The successful candidate must be able to satisfy an Enhanced disclosure check with the Disclosure and Barring Service (DBS).

Declaration: I have read and understood the above statement. If I have any convictions or cautions to declare, I will supply written details of them in a separate envelope marked 'private and confidential' with this application.

Signed: **Dated:**

Please note, for jobs involving working with Children or Vulnerable Adults, the statutory regulations require us to ascertain whether the physical and mental fitness of persons appointed to such roles is at an appropriate level prior to any confirmation of appointment.

Applicant's statement:

Please delete where applicable:

- I am/am not related to any senior member of staff or Governor
- I am prepared to undergo a medical examination
- I can produce the original documents of my qualifications
- I confirm that the statements in this application are true
- I understand that canvassing, directly or indirectly, will be a disqualification

Signed: **Dated:**

I declare that all the information given in this form and any accompanying documents is true and correct. The information on this form may be processed in accordance with the Data Protection Act 1998.

Signed:

Dated:

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