

# APPLICATION FOR EMPLOYMENT

**Please return completed form and CV to:**

Lisa Darran  
 The GFC School  
 Priestfield Stadium  
 Redfern Avenue  
 Gillingham  
 Kent ME7 4DD

Tel No: 01634 623420

## PERSONAL DETAILS

Surname:		Title:	
Forename(s):		Date of Birth:	
Name by which you like to be known:		Previous surname if applicable:	
Address:		Home Telephone No:	
Postcode:		Mobile Telephone No:	
Email Address:		Work Telephone No: May we use this number?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Which contact method/number do you prefer? Post/email/telephone/mobile			
Position applied for:		Location:	
Where did you hear of this vacancy:		Do you know anyone that works for The GFC School? If so who?	
Please state your professional registration or certificate number, date of issue and expiry (where applicable) e.g DfE			
National Insurance Number:			

Many of the posts within The GFC School are exempt from the Rehabilitation of Offenders Act and you may be asked to disclose spent convictions as a result of this. At this stage however please detail any convictions that are not spent under the Rehabilitations of Offenders Act:

The GFC School is able to offer employment after an enhanced DBS check has been successfully completed. Enhanced Disclosure for ALL staff at ALL levels apply. I am also aware that if listed on the DBS/POVA Register it is an offence to apply for work with the Vulnerable Adult/Child group and it could necessitate referral to the Local Authorities and/or Secretary of State.

Signed:

Date:

Do you require a work permit\* to work in this country? Yes  No

If yes please detail any conditions attached too your work permit:

Will you be working as a dependant on another person's work permit? Yes  No

*\*Work Permits and Limited Leave to Remain are not transferrable between employers and any job offer made will be subject to obtaining a new work permit. Any documents provided by applicants in support of their application may be shown to the Home Office.*

Do you hold a current full UK driving licence?

Yes  No

Do you have any current endorsements?

Yes  No

If any section does not have enough room for all your details, please use the box below

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**EDUCATION AND TRAINING**

<b>Name and location of secondary school, colleges and universities</b>	<b>Qualifications and grades obtained</b>	<b>Duration of course</b>

<b>Vocational and non-vocational training</b>		
Other courses attended	Qualification/skills obtained	Duration of course

Details of membership of professional bodies:

Please note that you will be required to provide original certificates at interview stage.

## EMPLOYMENT DETAILS

Please provide details of all your employment history (including temporary or voluntary work) putting your current or most recent employment first. For regulatory reasons, please explain any gaps in employment history and include any services with HM Forces.

<b>Dates</b>		<b>Employer's name, address and telephone number</b>	<b>Job title and main responsibilities</b>	<b>Reason for leaving</b>	<b>Salary and benefits</b>
<b>From dd/mm/yy</b>	<b>To dd/mm/yy</b>				
If successful in this application will you continue with any current employment? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Current notice period:					

If necessary, please continue on a separate sheet headed with your name.

### ADDITIONAL INFORMATION

This section should be used to state the reasons you are applying for this post and to give any additional information that you believe will demonstrate your suitability for the post.

Please continue on a separate sheet if required.

### REFERENCES

Please give name, address and position of your referees; these should include your current and all previous employers including voluntary work to cover at least the last 5 years.

Name: Position: Organisation Address:		Name: Position: Organisation Address:	
Postcode: Tel Number: Email Address:		Postcode: Tel Number: Email Address:	

Do we have your permission to contact the above referees if you are short listed for interview? Yes  No

Name: Position: Organisation Address:		Name: Position: Organisation Address:	
Postcode: Tel Number: Email Address:		Postcode: Tel Number: Email Address:	

Do we have your permission to contact the above referees if you are short listed for interview? Yes  No

I understand that failure to disclose information or the provision of incorrect information may result in an offer of appointment being withdrawn or in a disciplinary action being taken leading to dismissal at a later date. I agree to you approaching any of my previous employers to verify my employment history.

Any appointment to the vacancy for which you are applying will be subject to a Disclosure from the Criminal records Bureau/Scottish Criminal Records Office, which is satisfactory to the Company. A conviction will not necessarily be a bar to obtaining a position.

I agree that if I am appointed, the information may be used as part of the permanent personnel record of my employment under the Data Protection Act.

We hold all application forms for six months from the date of interview. If applicants are successful, their information will be held in line with our retention schedule/records management policy.

**I CERTIFY THAT I HAVE READ AND UNDERSTOOD THE ABOVE AND THAT THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT.**

Signed:

Date:

## EQUAL OPPORTUNITIES

### **Policy**

The Company is opposed to discrimination on any grounds. In particular, we oppose discrimination on the grounds of race, religion, ethnic origin, sex, sexuality, marital status, disability and age. We aim to appoint based on an individual's competence and potential to carry out the role successfully.

### **Monitoring**

The Company has adopted the provisions contained on the Code of Practice published by the Equal Opportunities Commission for Racial Equality and the Code of Practice published by the Equal Opportunities Commission that employers should regularly monitor the effects of selection decisions to assess whether equal opportunities is being achieved. For this purpose, you are asked to complete the form below. This information is for statistical purposes only and will be treated as confidential.

### **Applicant Details**

Post applied for:	
Location:	
Date of Birth:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital Status:	Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Co-habiting <input type="checkbox"/>
Ethnic Origin:	<input type="checkbox"/> Asian or Asian British <input type="checkbox"/> Black or Black British <input type="checkbox"/> Chinese <input type="checkbox"/> Mixed <input type="checkbox"/> White <input type="checkbox"/> Other
Nationality:	
Country of Birth:	
Year of Arrival in UK (if applicable)	
Do you consider you have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date form completed	

Please be assured that this page will be detached for anonymity



**DECLARATION OF HEALTH**

This information is required due to the nature/demands of the position/job role in dealing with children/young people with challenging behaviour.

**IN CONFIDENCE**

Name in full (surname first) Mr/Mrs/Miss/Ms:

Maiden Name:

Previous Name:

Address:

Tel No:

Post applied for:

**General Practitioner**

Name:

Address:

If you have changed your address in the last 2 years, please state your previous GP's address:

Name:

Address:

Have you any reason to suppose that you suffer from any form of physical ill health or physical disability which may affect your ability to perform said job role? YES/NO

Details \_\_\_\_\_

Are you at present under medical treatment (not including contraception)? YES/NO

Details \_\_\_\_\_

In any of the past three years have you been ill (including injury or other disability) for a total of 10 or more days? YES/NO

Details \_\_\_\_\_

Have you suffered from any injuries (i.e back injuries) or illnesses? YES/NO  
This is requested under 'Reasonable Adjustments' under the Disability Discrimination Act.

How long ago? \_\_\_\_\_

Details \_\_\_\_\_

Was it a work related injury? YES/NO

If so, name and address of employer: \_\_\_\_\_

\_\_\_\_\_

Are you registered disabled person? YES? NO

If so, what is your number? \_\_\_\_\_

Do we need to make any reasonable adjustments? YES/NO

If yes, what? \_\_\_\_\_

Have you ever suffered from any form of illness, epilepsy, tuberculosis, typhoid fever, paratyphoid fever, dysentery or recurrent skin disease? YES/NO

Details \_\_\_\_\_

Have you ever contracted Hepatitis? YES/NO

If yes, please give details (type, date, treatments etc):

\_\_\_\_\_

Have you been immunised against Hepatitis B? YES/NO

If yes, please give date(s) \_\_\_\_\_

**Declaration: (to be signed by all candidates)**

**I declare that the replies given by me are true to the best of my knowledge and belief and I give them knowing that I will be liable to dismissal if I have given any reply which I know to be false or do not believe it to be true. I have no objection and give permission for you to contact my G.P concerning any of the above (if considered necessary).**

**Signed:**

**Date:**