

**Support Application Form A** for all applicants

*Please complete all sections of this form in* ***black ink*** *or* ***typescript*** *only.*

|  |  |
| --- | --- |
| **Post Applied for:** |  |
| **How did you first find out about this role?** |  |

**1 - PERSONAL DETAILS:**

|  |  |  |
| --- | --- | --- |
| Title: | First Name: | Surname: |
| Current address: | | Maiden/Former Name(s): |
| May we discreetly contact you at work: Y / N  Work telephone number: |
| Home telephone number: | | Mobile telephone number: |
| Email address: | |  |

**2 - PRESENT / MOST RECENT EMPLOYMENT: (please use additional sheet if necessary)**

|  |  |
| --- | --- |
| Name & address of current employer: | Position held: |
| Date Employment Commenced: |
| Salary:  Other allowances: |
| Notice required: |
| Please give a brief description of your current duties & responsibilities: | |
| Reasons for leaving / wishing to leave: | |

**3 - PREVIOUS EMPLOYMENT: Please provide a full history of your employment, education and training in chronological order since leaving secondary education. You must include start and end dates and reasons for leaving employment and explanations for periods not in employment, education or training. There must be no gaps that are unexplained.**

**Please continue on a separate sheet if necessary and ensure any employment gaps are accounted for.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of employer & nature of business** | **Position held** | **From: MM/YY** | **To: MM/YY** | **Main Duties** | **Reason for leaving** |
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**4 - EDUCATION & QUALIFICATIONS:**

**(please provide details of secondary & tertiary qualifications (to GCSE and A level or equivalent), including class of degree, university & year awarded)**

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| --- | --- | --- | --- | --- | --- | --- |
| **Date left secondary education (MM/YYYY)** | | **(this is a required field)** | | | | |
| **Qualification** | **Place of Study** | | **Date of commencement** | **Date of Completion** | **Result** | **Subject Area** |
|  |  | |  |  |  |  |

**5 - TRAINING UNDERTAKEN: (please list courses that are relevant to this position)**

|  |  |  |
| --- | --- | --- |
| **Training Course** | **Organising body** | **Dates** |
|  |  |  |

**6 - MEMBERSHIP OF PROFESSIONAL BODIES: (if relevant to the role)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of organisation/institution** | **Level of membership** | **Membership number** | **Expiry Date** |
|  |  |  |  |

**7 – COMPUTER/SOFTWARE EXPERIENCE: (please provide details of computer software packages you are competent in i.e. Word, Excel, PowerPoint)**

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| --- | --- |
| **Computer/Software package** | **Level of competence (i.e. basic, intermediate, advanced)** |
|  |  |

**8 - DRIVING LICENCE (for roles involving driving only)**

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| --- | --- |
| **Do you hold a current driving licence?** |  |
| **Do you have any endorsements?***(please detail)* |  |
| **What class of vehicle are you licensed to drive?** |  |

**9 – PERSONAL STATEMENT:**

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| --- |
| **Please outline the reasons why you feel you are the right person for the position. If necessary, please use an additional sheet** |
|  |

**10 – ADDITIONAL INFORMATION**

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| --- | --- |
| Please declare any family or close relationship to existing staff, pupils, Council Members or Governors.  If ‘yes’ who? | Yes / No |

**11 – RIGHT TO WORK IN THE UK**

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| --- |
| We need to know that you are entitled to live and work in the UK. We are unable to provide sponsorship. |
| **Do you require a permit to work in the UK?** Yes / No |
| **If Yes, do you have a current permit to work?** Yes / No |

**12 – REASONABLE ADJUSTMENTS**

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| --- |
| Is there any disability you wish us to know about that may affect the presentation of your application?  Yes / No |

**13 – VETTING & BARRING:**

|  |  |
| --- | --- |
| **DBS disclosure number, workforce to which this applies e.g. child or adult & level of disclosure (standard or enhanced)** | **Date of issue** |
| **DBS No:**  **Workforce applicable to:** |  |
| * I declare that I am not currently disqualified/barred from working with children and that there are no cases that are currently outstanding regarding my suitability or otherwise to work with or in proximity to children, nor am I or subject to any sanctions imposed by a regulatory body. | |

**14 - REFERENCES:**

**Completion of this section is mandatory in order for Christ’s Hospital to comply with legislation.**

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| --- | --- |
| Please give the names and addresses of 2 people for whom you have worked from whom we may obtain references, **one of these should be your current / most recent employer and cover a minimum two year period**. Please note that references **will not be accepted** from relatives or from referees writing solely in the capacity of friends. If you are not currently working with children but have done so in the past, a reference will be sought from the most recent employer for whom you have worked with children or vulnerable adults. | |
| Name:  Address:  Telephone Number:  E-mail Address:  Occupation / Position in Organisation:  Relationship of referee to you:  Can we approach this referee prior to interview? **Y / N** | Name:  Address:  Telephone Number:  E-mail Address:  Occupation / Position in Organisation:  Relationship of referee to you:  Can we approach this referee prior to interview? **Y / N** |

|  |
| --- |
| ***Please tick the following statement to acknowledge your acceptance of this entitlement.***   * I understand and accept that Christ’s Hospital is entitled to approach any previous employer and request references. Additionally, I understand that where I have worked for an employer who provides services, care or education for children or vulnerable adults, they will be approached for a reference. |

**15 - DECLARATIONS & SIGNATURE:**

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| --- |
| Once completed, this form will be treated as confidential and will only be processed in accordance with current data protection legislation. Further information is available in the Christ’s Hospital [Privacy Notice](https://www.christs-hospital.org.uk/privacy-notice/) available on the intranet or the School Internet. The information it contains will only be shared with the person to whom it applies, their line manager and other appropriate members of staff, strictly with a “need to know”. We will only transfer the information we hold about you to third parties outside Christ’s Hospital for the effective running of the organisation or where we are required to do so by law. The completed form will be stored securely in the HR department.   * I hereby give my consent to Christ’s Hospital processing the data supplied in this application form for the purpose of recruitment and selection. * I declare that the information given in this application is to the best of my knowledge complete, true and correct and that there are no material mis-statements or omissions. I declare that I am in possession of the certificates that I claim to hold.   Signed: ……………………………………………………….. Date: ………………………………….  **Note:**  **1.Providing false information is an offence and could result in the application being rejected, or summary dismissal if appointed and possible referral to the police.**  **2. An incomplete application including unexplained gaps since age 18 will not be considered.** |

**PLEASE RETURN THIS COMPLETED FORM TO:**

**HR Department, Christ’s Hospital School, Horsham, RH13 0LJ**

[**HR@christs-hospital.org.uk**](mailto:HR@christs-hospital.org.uk)