

APPLICATION FORM

Position applied for:														
1. PERSONAL DETAILS														
Title :		Forename(s): Surnar			ıme:									
National Insurance Number:													+	_
Addres	s:								er na ding		den r	nam	e)	
Postco	de:			Pref	erred na	ime:								
How long have you lived at this address?: If less than 5 years please provide all previous addresses for past 5 years.														
Previous address:				Previous address:										
Postcode:				Postco	de:									
Length of time at address:				Length of time at address:										
Contact details:														
Home telephone:														
Mobile telephone:														
Work telephone:														
Email:														

2. GENERAL	GENERAL						
Do you have Qualified Teacher Status? Do you have a current full UK driving licence ? Yes No Please provide full details of membership of any professional bodies:							
ACADEMIC AND VOCATIONAL QUALIFICATIONS Please provide details of all academic and vocational qualifications:							
Award/Qualification	Awarding Body	Date Obtained	Grade (if appropriate)				

4. FURTHER EDUCATION AND CAREER HISTORY

Please provide full details of all positions held and of all training/further education, employment, self-employment and unpaid work since leaving secondary education.

Please start with your current or most recent employer and in each case the reason for leaving employment.

Please provide explanations for any periods not in employment, further education or training.

Employer/Training Establishment (including dates)	Position held (including subject taught and at which level)	Full-time or Part-time	Reason for leaving

5. CURRENT SALARY DETAILS					
Salary (basic): If appropriate (Please indicate spine point)	Additions: (Please indicate responsibility points, London Allowance etc) Full time or Part-time	Total Gross Salary:			
£		£			
6. OUTSIDE INTERES	TS AND HOBBIES				

7. SUPPORTING STATEMENT
Please set out in detail below a statement in support of your application, which addresses the criteria in the person specification for this post.
If there is insufficient space, please continue on a separate sheet if necessary.

8. Please confirm if you know any existing employee, volunteer or governor at the school and if so, please provide full details of how you know them.								
9. REFE	EREES							
Please provide recent employ	e at least two professional referees. C yer.	One referee	must be your	current or most				
	Referee 1 Referee 2							
Name		Name						
Address		Address						
Position		Position						
Tel No.		Tel No.						
Email		Email						
Have you had	any formal disciplinary warning withi	n the last 12	2 months?					
If 'yes' please	give details below.							
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10. DATA PROTECTION

The information that you provide on this form will be used to process your application for employment. The personal information that you provide will be stored and used in a confidential manner to help with our recruitment process.

If you succeed in your application and take up employment with the School, the information will be used in the administration of your employment.

We may check the information provided by you on this form with third parties.

I declare that the information I have given in this Application Form is accurate and true. I understand that providing misleading or false information will disqualify me from appointment or if appointed, may result in my dismissal.						
I confirm I am not disqualified from childcare.						
Signature:	Date:					

Please return your completed application form to: Mrs Lynne Tipping, P.A. to the Head of Thornton College. [An emailed copy can be sent in the first instance to <a href="https://linear.ncbi.nlm.ncbi.nl

Please note that this application will be subject to an Enhanced Criminal Records check by the Disclosures and Barring Service.