

AFIFAH SCHOOL Application Form

VACANCY DETAILS					
Position Applied For:					
		PERSONA	L DETAILS		
Title:		Full name (First Name, Surname	()		
Address:					
Mobile Number:			Home Number:		
Email:					
NI Number:			TRN/DfE Number:		
		PRESENT OR MOST RI	ECENT EMPLOYM	ENT	
Position Held:					
Name of Employer:					
Address:					
Date from:			Date To:		
Reason for leaving:					
Pay Scale/Gross Annual Salary					
Please provide brief details of duties/ responsibilities (including subjects and Key Stages taught):					

EMPLOYMENT HISTORY

Please complete details of your previous employment, both paid and voluntary since leaving school in chronological order starting with the most recent. It is essential to include details of <u>ALL</u> employment, including any breaks in employment history and the reason for the break.

Date From (mm/yy)	Date To (mm/yy)	Name and Address of Employer	Position held and responsibilities including subjects and key stages taught	Reason for Leaving

QUALIFICATIONS

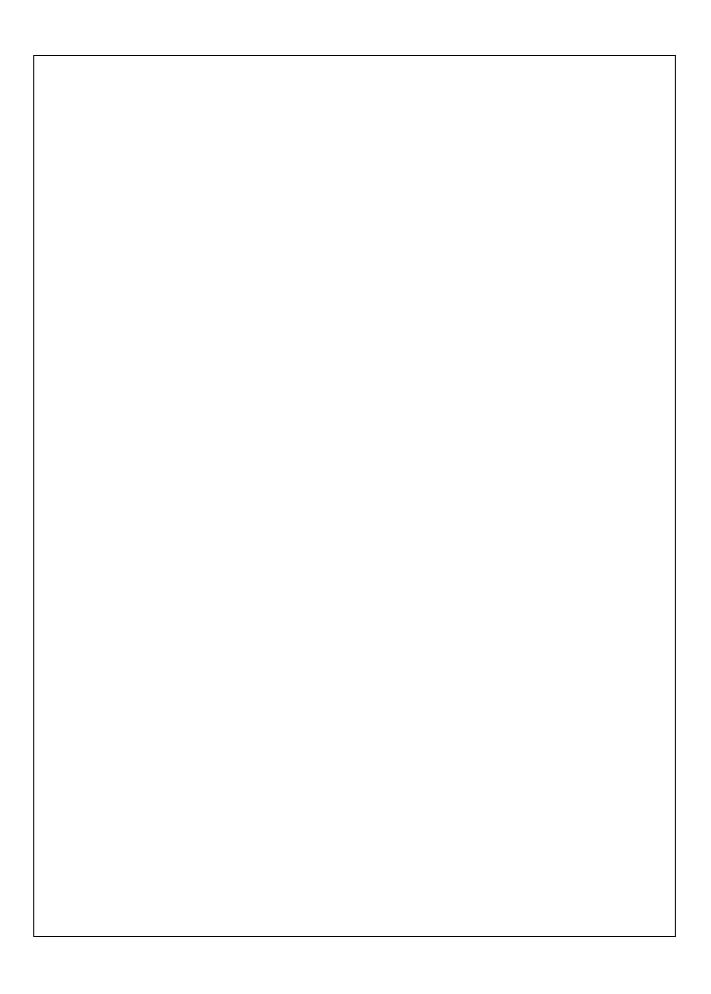
Please give details, in chronological order, of secondary, further or any higher education and equivalent courses.

Date From	Date To	Name of Establishment	Qualification	Result/Grade
Date of achieving QTS:				
QTS Certificate Number:				

TRAINING				
Please list any recent courses you have completed and/or any professional development which you have undertaken which you consider to be relevant to this post (e.g teaching courses, First Aid, ICT etc).				
Date(s) Attended	Course Title	Provider		
Name of Profession	Current/Expired			

SUPPORTING STATEMENT

You may wish to demonstrate how you meet the criteria on the job description and the person specification, giving examples of relevant ability, experience, knowledge, and qualifications which you may have gained from paid or unpaid work or other areas of life appropriate to the post. This statement will be used to assess whetheryou will be invited to interview/assessment.



REFERENCES Please give details of two referees, one of which must be from your current/last line manager. If you are not currently working with children but have done so in the past, the second referee should be the employer with whom you were most recently employed in with children. References will not be accepted from relatives, or persons who only know you in a personal capacity. Any offer of appointment will be subject to satisfactory references. References will be taken up prior to interview due to safeguarding practices. First Reference (Headteacher of current school) Referee name: Job title: Organisation: Address: **Telephone No:** Email: Second Reference (Head of Department/Line Manager at current school) Referee name: Job title: Organisation: Address: Telephone No: Email: Do you have the right to work in the UK? YES / NO If yes, on what basis? Are you related to a Trustee/employee/student of Afifah School? If 'Yes', please give YES / NO details: Name: Relationship to you: **ADVERTISING ORIGIN** Where did you hear about this vacancy? **REHABILITATION OF OFFENDERS**

This post involves working with children, young people, vulnerable adults or is a position of trust and is therefore exempt from the provisions of the Rehabilitation of Offenders Act 1974. You must, therefore, disclose details of cautions, bind-overs, reprimands, final warnings and convictions, including 'spent' convictions. Any failure to disclose such information could result in disciplinary action or dismissal.

Have you, at any time, received, or do you have pending, a caution, bind-over, reprimand, final warning or conviction? If 'Yes', please give full details below:

YES / NO

Date of Offence:

Offence:

Sentence:

Please sign and date the declaration on page 7 before returning your application form to headteacher@afifahschool.co.uk

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I declare that the information I have given on this form is complete and accurate and that:

- I am not barred or disqualified from working with vulnerable groups, children or young people
- I am not subject to any sanctions or conditions on my employment imposed by the Independent Safeguarding Authority, Secretary of State or other regulatory body.

I understand that my application may be rejected or that I may be dismissed, without notice, for withholding or giving false information. I give my consent to the processing of data contained or referred to in this application in accordance with the Data Protection Act 1998 and subsequent legislation.

Signature:	Date:	