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**NON-TEACHING APPLICATION FORM**

**APPLICATION FOR THE POST OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1 Personal details** | | | | | | | | |
| Surname | | Forenames | | | | | | |
| Previous name/Maiden name (if applicable) | | | | | | | | |
| Title | | DfE No. | | | | | | |
| Address  Post Code | | | | | | | | |
| Home phone | | Email: | | | | | | |
| Work phone | | Email: | | | | | | |
| Mobile phone | |  | | | | | | |
| **2 Present employment** | | | | | | | | |
| Present post (title) | | | | Date appointed | | | | |
| Current Salary | | | | |
| Name of Establishment | | | | | | | | |
| Address  Post Code | | | | | | | | |
| Telephone No: | | Email address: | | | | | | |
| Notice period: | | Reason for leaving: | | | | | | |
| **3 Referees (Both must be past employers but one of these must be your present employer)** | | | | | | | | |
| Name | | Name | | | | | | |
| Address  Post code | | Address  Post code | | | | | | |
| Telephone number | | Telephone number | | | | | | |
| Email | | Email | | | | | | |
| Status | | Status | | | | | | |
| Note:   1. Referees will be contacted before interviews. Please let us know if you have any concerns regarding this. 2. If either of your referees know you by another name please give details. 3. The School may contact other previous employers for a reference with your consent. 4. References will not be accepted from relatives or from people writing solely in the capacity of friends. | | | | | | | | |
| **4 Education** | | | | | | | | |
|  | | Dates  From To | | | Qualifications (including grades) | | | |
| Secondary school, college, further education (pre 16) | |  |  | |  | | | |
| Secondary school, college, further education (post 16) | |  |  | |  | | | |
| Higher education | |  |  | |  | | | |
| Further post graduate study | |  |  | |  | | | |
| **5 Previous employment history**  **(Please enter most recent first including any breaks in service))** | | | | | | | | |
| Employer | Position held | | Salary | | | Reason for leaving | Dates  From To | |
|  |  | |  | | |  |  |  |
| **6 Relevant professional development**  The most significant features of professional development in the last five years | | | | | | | | |
| Title | Organising body | | Duration | | | | Dates  From To | |
|  |  | |  | | | |  |  |
| **7 Interests** | | | | | | | | |
|  | | | | | | | | |
| **8**  Please attach a letter of application of no more than 2 sides of A4 in addition to this form | | | | | | | | |
| **Rehabilitation of Offenders Act, 1974 (Exceptions Order, 1975)**  Please note that applicants for teaching posts are not entitled to withhold information about past convictions, ‘spent’ or otherwise, under the terms of the above Act. The Act made a specific exception in respect of teachers in schools or establishments for further education that involves access to persons under the age of 18 as part of the employee’s normal duties.  Do you have any criminal convictions which are not filtered out pursuant to the rehabilitation Act 1974 as amended on 29th of May 2013? 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 the Exception 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 ………………………………………… Date ……………………………………… | | | | | | | | |
| 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.  Signature ………………………………………… Date ………………………………………… | | | | | | | | |

