

**APPLICATION FORM**

This form is designed to help us assess your application and to conform with DCSF guidance

Please complete it in black ink, or by typing in the boxes. If necessary you may provide further information on a separate sheet.

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Forename(s): | Surname: |
| Title:  | Previous surname(s): |
| Address: |
| National Insurance Number: |
| Telephone(Day/Mobile) | Telephone(Evening) |
| Email: |

**EDUCATION AND TRAINING**

Proof of qualifications will be required

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| --- |
| **School(s) Attended**11-18 years |
| **A Levels or equivalent**Subjects & grades: |
| **Relevant Qualifications and Dates** |

**CURRENT EMPLOYMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FromMonth/year | Current Salary | Employer | Job Title | Reason for Leaving |
|  |  |  |  |  |

**PREVIOUS EMPLOYMENT**

Earliest first and please include any temporary, unpaid & voluntary work experience.

Please include at the end any periods not in employment since the end of full-time education.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FromMonth/year | ToMonth/year | Employer | Job Title | Reason for Leaving |
|  |  |  |  |  |
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**REFERENCES**

Please provide at least two referees who can comment on your suitability for this position. **The first should be from your current or most recent employer**. If you are a student with no employment history please give appropriate school or college referees. Please note references will not be accepted from relatives or from referees writing solely in the capacity of friends. **It is the usual practice for references to be obtained before a formal interview.**

|  |  |
| --- | --- |
| Referee No. 1 | Referee No. 2 |
| Title (e.g. Mr/Mrs/Miss/Ms/Dr/Professor etc): | Title (e.g. Mr/Mrs/Miss/Ms/Dr/Professor etc): |
| Full name: | Full name: |
| Address, Telephone No and email details: | Address, Telephone No and email details: |
| Relationship to applicant: | Relationship to applicant: |

**MEDICAL DECLARATION**

I declare that I am physically and mentally fit and well and know of no health-related reason why I should not be employed by Truro High School.

**DECLARATION**

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from engagement at the School. I understand these details will be held in confidence by the School, for the purposes of assessing this application and ongoing personnel and payroll administration in compliance with the Data Protection Act 2018.

For the School’s privacy notice please visit: <https://www.trurohigh.co.uk/policies-handbooks-and-isireports/> Privacy notice

For the School’s Safeguarding policy please visit: <https://www.trurohigh.co.uk/policies-handbooks-and-isireports/> Child protection and safeguarding policy

For the School’s policy on employment of ex-offenders please visit: <https://www.trurohigh.co.uk/policies-handbooks-and-isireports/> Staff recruitment policy

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| **Signature:****Dated:** |