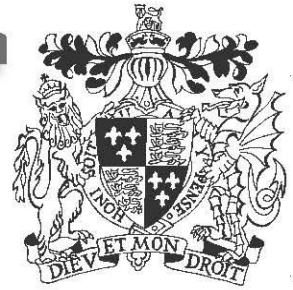


# The Schools of King Edward the Sixth in Birmingham



## APPLICATION FOR EMPLOYMENT

**Camp Hill School for Girls, Vicarage Road, Birmingham B14 7QJ**

**Any offer of employment will be subject to satisfactory medical clearance and DRB checks, and receipt of documentary evidence showing your entitlement to work in the U.K.**

**Please complete this form in black ink.**

Position applied for .....

Available to take up employment (date) ..... Salary required .....  
(optional)

### 1. PERSONAL DETAILS

Surname.....Forenames.....

Mr/Mrs/Ms/Other.....Date of Birth .....

Address.....

..... Postcode .....

Pension Scheme ..... DfES number (if applicable) .....

Telephone nos.: Home ..... Work (if it may be used) .....

Mobile.....Email.....

National Insurance number ..... Car owner YES/NO .....

### 2. SECONDARY EDUCATION

Schools attended from age 11	Dates		Qualifications gained		
	From	To	Subject/Level	Grade	Date

For official use only	Acknowledged
	Interview Date
	Date notified

**3. FURTHER EDUCATION & TRAINING**

Name of College or University	Dates		Qualifications gained			
	From	To	Title and Subject	Class/Level	Date	

**4. OTHER TRAINING & PROFESSIONAL QUALIFICATIONS**

Professional Body/Course	Membership grade / Qualification	Date

**5. PRESENT OR MOST RECENT EMPLOYER**

Name .....

Address.....

..... Postcode .....

Starting Date ..... Present salary / grade .....

.Leaving Date (if applicable) ..... Job title .....

Duties / responsibilities .....

.....

**6. PREVIOUS APPOINTMENTS** *(with dates, in reverse chronological order, please)*

Name of Establishment	Dates		Main Responsibilities
	From	To	
If there are any gaps in your employment or education history, please explain them here.			

**7. RECREATIONS, SPECIAL INTERESTS AND OTHER RELEVANT INFORMATION**

*(continue on a separate sheet if necessary)*

**8. PLEASE USE THIS SPACE TO PROVIDE FURTHER INFORMATION TO SUPPORT YOUR APPLICATION** *(continue on a separate sheet if necessary)*

**9. HEALTH** (a successful candidate will be required to complete a Health History Form and may be required to attend a medical examination)

Are you in good health? YES  NO

Are there any disabilities YES  NO   
which may affect your application?

Please describe below any disabilities and include any reasonable adjustments which you feel should be made to: a) the recruitment process to assist you in your application for this post *and*  
b) the job itself which would enable you to carry out your duties

**10. CRIMINAL RECORD** Have you ever been convicted of a criminal offence? YES  NO

If 'yes' please describe .....

The post is exempt from the Rehabilitation of Offenders Act and all convictions, cautions and bind-overs including those regarded as spent must be declared. The successful applicant will be required to apply for an enhanced disclosure from the CRB.

**11.** If offered this position will you continue to work in any other capacity? YES  NO

If 'yes' please give details .....

**12. REFERENCES** Please give names, addresses and positions of two persons who can comment on your suitability for this position. One should be your current or most recent employer.

1. Name	2. Name
Address	Address
Postcode	Postcode
Daytime telephone no. E-mail address:	Daytime telephone no. E-mail address:
In what capacity do you know the referee?	In what capacity do you know the referee?

Please note that we will contact these referees if you are short listed for this post and seek references before interview. Also, in relation to work with children we will seek information about any past disciplinary issues relating to children and/or child protection concerns you may have been subject to. If you have any concerns about this please contact Angela Tompkins on 0121 444 2150 to discuss the issues.

**13. RECRUITMENT POLICY** It is the Governors' policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, sexual orientation, age, religion or belief, marital status or disability.

**14. DECLARATION** I declare that the information given on this form is, to the best of my knowledge, true and complete and I understand that any false information may be sufficient cause for rejection or, if employed, dismissal without notice. I also confirm that I am not on List 99 or otherwise disqualified from working with children. I further authorise the Governors to obtain references to support this application and release the Governors and referees from any liability caused by giving and receiving information. I agree that the information given on this form may be used for registered purposes under the Data Protection Act, 1998.

Signature ..... Date.....