



THE BUCHAN NURSERY



KING WILLIAM'S COLLEGE



THE BUCHAN SCHOOL

APPLICATION FORM

GENERAL INFORMATION

Position Applying For

Location: Buchan Nursery ☐ The Buchan School ☐ King William's College ☐

PERSONAL INFORMATION

Full Name: Any Previous Surnames:

Address:

Post Code: Email Address:

Contact Phone:

Are you an Isle of Man Worker: Yes ☐ No ☐

Do you require a Work Permit: Yes ☐ No ☐

Do you hold a clean Driving Licence: Yes ☐ No ☐ UK ☐ IOM ☐ other ☐

QTS Ref No: National Insurance No:

King William's College and The Buchan School are committed to safeguarding and promoting the welfare of children and applicants must be willing to undergo child protection screening appropriate to the post, including checks with past employers and the Disclosure and Barring Service. With recommendations made in "Keeping Children Safe in Education" an online search will be done on all Applicants.

REFEREES

Please give the names, addresses and email address of three referees (not relatives), including a telephone number. One referee must be your current (or most recent) employer. Your referees must be able to provide a direct knowledge of your work performance and attendance record.

References will only be taken up for shortlisted candidates only, prior to interview, you will be informed prior to this.

CURRENT OR MOST RECENT EMPLOYER

Name: Company:

Address:

Email: Contact No:

SECOND REFERENCE

Name: Company:

Address:

Email: Contact No:

THIRD REFERENCE

Name: Company:

Address:

Email: Contact No:

EMPLOYMENT HISTORY

Starting with your most recent Employment, **please provide details of all positions held including part time and unpaid work.** Please provide your current salary.

Dates From/to	Employer	Job title	FT/PT	Responsibilities	Current salary

EMPLOYMENT HISTORY continued

Dates From/to	Employer	Job title	FT/PT	Responsibilities	Current salary

ADDITIONAL INFORMATION TO SUPPORT YOUR APPLICATION

You can use this page of the application form for any additional information to help support your application.

QUALIFICATIONS

Secondary/Further/Higher/Institution	Course/Subject	Grade/Award	FT/PT	Date From / To

PROFESSIONAL DEVELOPMENT

Please include any courses, memberships of professional organisations, voluntary work or responsibilities you consider relevant to this position.

REHABILITATION OF OFFENDERS ACT

Because of the nature of the work for which you are applying, the post is exempt from the provisions of the Rehabilitation of Offenders Act 2001. Applicants are therefore not entitled to withhold information about any convictions which for other purposes are 'spent' under the provision of the Act. In the event of employment, any failure to disclose such convictions could result in disciplinary action or immediate dismissal. **Any information given will be completely confidential**

Have you had any cautions, convictions, warnings or reprimands? Yes ☐ No ☐

If YES, please provide full details (court, offence, judgement and date)

You are required to declare if you are currently the subject of any investigation or proceedings by any regulatory body relating to education professionals, including such bodies in another country.

Are you currently the subject of any investigation or proceedings? Yes ☐ No ☐

If YES, please provide details

You must also disclose if you have ever been disqualified from the practice of a profession or required to practice it subject to specified limitations following fitness to practice proceedings by a regulatory body in the UK or in another country.

Have you ever been disqualified from the practice of a profession or required to practice it subject to specified limitations ? Yes ☐ No ☐

If YES, please provide full details

Are you currently the subject of any police investigation in the UK or any other country? Yes ☐ No ☐

If YES, please provide full details

Please state whether you have previously been dismissed from any employment, office or other position by a reason of misconduct.

Have you previously been dismissed by a reason of misconduct? Yes ☐ No ☐

If YES, please provide full details

HEALTH

Do you have any disability (or physical or mental impairments) which may affect your ability to fulfill the requirements of the post? Yes ☐ No ☐

If YES, please provide brief details.

Are there any adjustments that may be required to be made should you be invited for interview? Yes ☐ No ☐

If YES, please provide full details.

Are you receiving any medical treatment at present or taking any medication which may adversely affect your ability to work in this post? Yes ☐ No ☐

If YES, please provide full details

Are you in receipt of an ill health retirement pension? Yes ☐ No ☐

DATA PROTECTION STATEMENT

The information you provide on this form, and that obtained from other relevant sources, will be used to process your application for employment. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process.

If you succeed in your application and take up employment with us, the information will be used in the administration of your employment with us. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process.

We may check the information collected with third parties or with other information held by us. We may also use, or pass to certain third parties, information to prevent or detect crime, to protect public funds, or in other ways as permitted by law.

By signing the application form we will be assuming that you agree to the processing of sensitive personal data, (as described above), in accordance with our registration with the Data Protection Registrar.

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an Employee, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I understand that my details and information within this completed application form may be retained for up to a period of 12 weeks after the vacant position has been closed. Should I not be accepted for the position, all my personal details and information will be destroyed.

Name (printed):

Signature:

Date: