

Application Form

Please use	black ink and	block lettering o	r typescript	

Please read the School's Safer Recruitment Policy prior to completing the application form.

Hilden Oaks School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. Applicants must undergo child protection screening, including checks with past employers and the Disclosure and Barring Service (DBS)

Name	
Position Applied For	

1. Personal Details						
	Forename(s):		Surname:			
Address:		Former name: (including maiden name)				
Postcode:		Preferred	name:			
	ou lived at this address: s please provide all previous	addresses	for past 5 years.			
Previous address:		Previous address:				
Postcode:		Postcode:				
Length of time at	address:	Title:				
		Address:				
Contact details						
Home telephone:						
Email:						
Mobile telephone	:					
Work telephone:						

If there is insufficient space, please continue on a separate sheet if necessary giving page number and title heading.

2.	General							
	Do you have Qu	ualified Teacher Statu	us?	Yes		No 🗆		
	Do you have a d	current full UK drivin	g licence	Yes		No □		
	Please provide f	ull details of membe	rship of any profess	ional	bodies			
3.	Academic and \	ocational Qualificat	ions					
	Please provide	details of all academ	ic and vocational qu	ualific	ations:			
Awar	d/Qualification	Awarding Body	Date Obtained	Gra				
				(if a	ppropri	iate)		

If there is insufficient space, please continue on a separate sheet if necessary giving page number and title heading.

4. Further Education and Career History

Please provide full details of all positions held and of all training/further education, employment, self-employment and unpaid work since leaving secondary education.

Please start with your current or most recent employer and in each case the reason for leaving employment.

Please provide explanations for any periods not in employment, further education or training.

Position held (including subject taught and at which level)	Reason for leaving
	(including subject taught and at which

If there is insufficient space, please continue on a separate sheet if necessary giving page number and title heading.					
Current Salary					
Salary (basic) if appropriate (Please indicate spine point)	Additions (Please indicate responsibility points, London Allowance etc)				
Total Salary					
	pelow a statement in support of your application, which the person specification for this post.				

If there is insufficient space, please continue on a separate sheet if necessary giving page number and title heading.

5. at the		existing employee, full details of how	volunteer or Governor you know them.	

6. Referees

Please provide at least two professional referees. One referee should be your current or most recent employer.

	Referee 1		Referee 2
Name		Name	
Address		Address	
Position		Position	
Tel No.		Tel No.	
Email		Email	

If there is insufficient space, please continue on a separate sheet if necessary giving page number and title heading

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7. Data Protection

The information that you provide on this form will be used to process your application for employment. The personal information that you provide will be stored and used in a confidential manner to help with our recruitment process. More details as to how we will process your data is set out in the Recruitment Privacy Notice and Data Protection Policy.

If you succeed in your application and take up employment with the School, the information will be used in the administration of your employment.

We may check the information provided by you on this form with third parties.

8.	Dec	lara	tion

As the job for which you are applying involves substantial opportunity for access to children, it is important that you provide us with accurate answers. You should be aware that the School will institute its own checks on successful applicants with the Disclosure and Barring Service (DBS), and, where appropriate, a check of the Barred List maintained by the DBS, and any offer of appointment will be made conditional on obtaining such satisfactory checks

I have not been disqualified from working with children, I am not prohibited from working with children, and I am not subject to any sanctions imposed by a regulatory body (e.g. the General Teaching Council for England, or the Teaching Regulation Agency).

I declare that the information I have given in this Application Form is accurate and true. I understand that providing misleading or false information will disqualify me from appointment or if appointed, may result in my dismissal.

Signature:	 Date:	

Please return your completed application form to: secretary@HildenOaks.co.uk

9. EQUAL OPPORTUNITIES MONITORING FORM

This section of the form will be detached from your application and will be used solely for equality monitoring purposes. This form will be kept separately from your application.

Hilden Oaks School and Nursery recognises and is committed to ensuring applicants and employees from all sections of the community are treated equally regardless of race, gender, disability, age, sexual orientation, religion or belief, gender reassignment, marital and civil partnership status, or pregnancy and maternity.

We welcome applications from all sections of the community.

You are not obliged to complete this form but it is helpful to the School in maintaining equal opportunities.

All information provided will be treated in confidence and used as set out in the School's Recruitment Privacy Notice and Data Protection Policy.

Please complete the form as you feel is most appropriate for you.

Position Applied For: ______

White			
British	Any other white background		
Mixed			
White and Black Caribbean	White and Black African	White and Asian	
Black or Black British			
Caribbean	African	Any other black background	
Asian or Asian British			
Indian	Pakistani	Bangladeshi	
Any other black background			
Chinese or other Ethic Group			
Chinese	Other Ethnic Group ¹		

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¹ Please specify

Gender Please specify					
Date of Birth					
Do you consider yourself to ha	vo a disability				
Do you consider yourself to ha	ve a disability.				
□Yes □No					
If yes, please state nature of disabi	lity:				
The Equality Act defines disability effect on a person's ability to carry		al impairment which has a substantial and long-term activities".			
f you wish, you may disclos	e information abo	out yourself in this section about your:			
Religion					
Sexual orientation					
How did you become aware of this vacancy?					
Media:	Date:	Reference:			
ivicula.	Date.	Reference.			