

APPLICATION FORM

POSITION APPLIED FOR:

1.	PERSONAL DETAILS (please us	se block capitals)				
	Title		Surn	ame			
	Have you ever used any oth	er names?	YES	/ NO (delete as appropriate)			
	If YES please state (in full)						
	Address		Telep	Telephone (Home)			
			Telep	Telephone (Mobile)			
			E-ma	iil (personal or work – please specify)			
			• • • • • • • • • • • • • • • • • • • •				
	Date of birth						
	National insurance number						
	DCSF reference number (wh	ere applicable)					
2.	EMPLOYMENT HISTORY						
4.							
	Name and address of present employer:						
		•••••	•••••				
	Position held						
Pr	EVIOUS EMPLOYMENT *	From	То	POST DETAILS			

^{*} Your full employment history is required. Please use a continuation sheet if necessary. If your employment record is not continuous, please state the reasons.

3. EDUCATIONAL QUALIFICATIONS (SCHOOLS SINCE AGE 11, COLLEGE, UNIVERSITY)					
School/College/University	From	То	Qualifications obtained degree) include		
4. DETAILS OF FURTHER P	PROFESSION.	AL TRAININ	G / OTHER QUALIFICATION	NS	
Date obtained Awarding body				Grade (if appropriate)	

5.	INTERESTS AND HOBBIES
•••••	
••••	
• • • • • •	
6.	Referees
	Please supply the name and address of two people who are able to comment on your suitability for this post. One referee must be your last employer.
	NB References will not be accepted from relatives or from people writing solely in the capacity of friends.
a)	Name
	Position
	Address
	Post Code Telephone number
	Fax number Email
	How long have you known this referee?
b)	Name
	Position
	Address
	Post Code Telephone number
	1
	Fax number Email

7.	CONTD / DISCLOSURE OF CRIMINAL CONVICTIONS AND REHABILITATION OF OFFENDERS ACT 1974 I certify that I am not included on the Children's Barred List or Adults' Barred List maintained by the Disclosure and Barring Service, that I have not been disqualified from working with children or vulnerable adults and I am not subject to any sanctions imposed by a regulated body or subject to any ongoing investigation into any matter which may bring into question my suitability for the post applied for.							
	Signed: Date:							
8.	DO YOU HOLD A CURRENT DRIVING LICENCE?	YES / NO (delete as appropriate)						
9.	ASYLUM AND IMMIGRATION ACT 1996							
	Do you need a Work Permit or Worker Registration Certificate to work in the UK?	YES / NO (delete as appropriate)						
10.	DECLARATION I understand that any offer of employment will be subject to the information on this application form being complete and correct. I authorise Kirkham Grammar School to make any appropriate check which may be necessary in relation to the post I have applied for. False information, or a failure to supply the details required in this application form could make an offer of employment invalid or lead to termination of employment. I agree that personal data relating to me which has been, or is obtained by Kirkham Grammar School including personal data given by me on this form, may be held and processed either on a computer of in manual records and may be disclosed to Governors and authorised employees of the school and use by the school for any purpose relating to my application and prospective recruitment and employment.							
	within the school. Signed:	Date:						
This a	application form, together with supporting letter and C	V, should be forwarded to:						
	Miss S L Felton HR Administrator Kirkham Grammar Sch Ribby Road Kirkham PRESTON PR4 2BH	hool						

Please indicate if you know any existing members of staff or Governors at the school, and if so, how you became acquainted.

Kirkham Grammar School supports the principle of equal opportunities in employment and a copy of the Equal Opportunities Policy is available on request.