



# Culcheth Hall School

## Application for Employment (Non-teaching staff)

Complete in **black ink** and return to: Ashley Road, Altrincham, WA14 2LT

**Post Applied for:**

**Personal Details:**

Title:  Surname:	First name(s):
Date of birth:	Age:
Home address:  How long have you lived at this address:	Telephone number(s)  a) Home: ..... b) Work: .....  E-mail: .....
Do you hold a current full driving licence? Yes/No	Are there any endorsements which could prevent you from being covered by our insurance? Yes/No (If Yes – give details on a separate sheet of paper)

**Referees:** If you are in employment one of your referees must be your current employer. If you are at present unemployed, one of your referees must be your last employer, a person who knows you as a helper or volunteer or your Headteacher/teacher. Relatives are excluded.

Name of referee:  Address:  Post Code:  Telephone:  Occupation:  In what capacity does the referee know you?	Name of referee:  Address:  Post Code:  Telephone:  Occupation:  In what capacity does the referee know you?
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**Your Education:** Please give details of qualifications obtained in the UK or overseas. Proof will be sought for the qualifications you claim.

Examinations taken or to be taken	Level	Year Taken	Secondary School/College/University

**Training:** Including In-Service Training/Apprenticeships

Title or course/qualification	Date completed	Length of course (days)	Was there an examination/assessment	Organising body?

**Membership or Professional Associations:**

Body	Status of Membership	Membership by Exam? Yes/No

**Other Experience:** Please give brief details of any experience not necessarily related to employment, in the UK or overseas which you feel is relevant to the post for which you are applying. Please give details of any special skills you possess.

<p><b>Health Declaration:</b></p> <p>Are you in good health? Yes/No</p> <p>Do you have good eyesight (with glasses if worn)? Yes/No</p> <p>Do you have good hearing (with any hearing aid, if used)? Yes/No</p> <p>If you answered NO to any of the above questions – please give a brief explanation</p>	<p><b>National Insurance No: .....</b></p> <p>Do you take any regular prescribed medication? Yes/No</p> <p>Have you ever failed a medical? Yes/No</p> <p>Are you registered disabled? Yes/No</p> <p>If you answered YES to any of the above questions – please give a brief explanation</p>
<p>: Please give your disabled registered number, if applicable: ..... Depending on your answers to the above questions, if you are the successful candidate, you may be required to undergo a medical examination.</p>	

**Previous Appointments:**

**In reverse order, including overseas appointments (most recent first):**

<b>1.</b>	<b>Present (or last) employer</b>	<b>Dates of employment</b>	<b>Job Title</b>	<b>Gross Salary</b>  <b>Point on Pay Scale:</b>
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**Principal (or main) Duties:** .....  
 .....  
 .....

**Period of notice required:** ..... **Full time/Part time**

<b>2.</b>	<b>Present (or last) employer</b>	<b>Dates of employment</b>	<b>Job Title</b>	<b>Gross Salary</b>
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**Principal (or main) Duties:** .....  
 .....  
 .....

<b>3.</b>	<b>Present (or last) employer</b>	<b>Dates of employment</b>	<b>Job Title</b>	<b>Gross Salary</b>
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**Principal (or main) Duties:** .....  
 .....  
 .....

	Previous employer(s)	Dates of employment	Job Title	Gross Salary
<b>4.</b>				
<b>5.</b>				
<b>6.</b>				
<b>7.</b>				

**Further Details:**

The Governors welcome applications from suitable applicants with disabilities. Do you have any health problems or disability which you feel the Governors should take into consideration or are there any special aids, adaptation or other requirements which you would need to enable you personally to undertake the job for which you are applying? Information provided will be regarded as confidential.

Please list all sickness absence for the past two years, with dates: .....

Have you been granted early retirement or taken voluntary redundancy from a local authority or any other public body/or private employer? Yes/No

If Yes – please give details: .....

Are you related to any Governor or employee of the school? Yes/No

If Yes – please give name and state relationship: .....

*Failure to declare any such relationships will lead to disqualification for appointment or to dismissal.*

**Declaration**

1. The information I have given on this form is true and accurate to the best of my knowledge.
2. I have read or had explained to me and understand all the questions on the forms.
3. I understand that:
  - a) If I am appointed, it will be to a specified post in a particular department, but I may later be liable to serve in any post which is suitable for the grade.
  - b) Under the Rehabilitation of Offenders Act I will declare at interview if at any time any Court has found me guilty of any offence. I further understand that failure to disclose such convictions may result in dismissal or disciplinary action by the Governors of the school.
  - c) Under legislation for the Protection of Children I will be required to obtain an enhanced Criminal Record Police Disclosure. (Successful applicants only).
  - d) If I am successful I will be required to fill in a medical questionnaire/attend a medical.
  - e) If applicable, I will bring proof of identity and proof of permission to work in this country as required by the Asylum and Immigration Act.

Signature: ..... Date: .....