**Application for Employment**



**The Loddon School is committed to safeguarding and promoting the welfare of children and we expect all staff to share this commitment. All posts involving direct contact with children are exempt from the Rehabilitation of Offenders Act 1974. However, amendments to the Exceptions Order 1975 (2013 & 2020) provide that certain spent convictions and cautions are ‘protected’. These are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Ministry of Justice website or see** [**here.**](https://www.gov.uk/government/publications/dbs-filtering-guidance/dbs-filtering-guide) **(right click; Open Hyperlink). The Loddon Foundation is an Equal Opportunities employer.**

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| **POSITION APPYLING FOR:**  |  |
| **Please indicate how you heard about the vacancy?** |  |

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| **The following information will be treated in the strictest confidence.** |
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| **PERSONAL DETAILS** |
| **Full Name:** |  |
| **Title (Optional) Dr, Mr, Mrs, Miss, Ms** |  |
| **Please provide details of any former names you have used: (Including previous surnames used)** |  |
| **Date of name change(s):** |  |
| **Address:** |    |
| **Contact Telephone Number** |  |
| **Email Address:** |  |
| **NI Number:** |  |

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| **Do you hold a foreign Police Check? This is required for all prospective overseas applicants including any applicant who has spent more than 3 months abroad within the last 10 years.** | YES/NO |
| **Do you have a Settled or Pre-Settled Status under the EU Settlement Scheme?** | YES/NO |
| **Do you need a work permit / valid visa to take up employment in the U.K.?** | YES/NO |
| **If you have a current Visa/Work Permit please provide the status and date of issue:** |  |
| **Have you ever worked for this organisation before?** | YES/NO |

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| **CURRENT OR MOST RECENT EMPLOYER** |
| **Are you currently employed?** | **YES/NO** |
| **Name of present or most recent employer:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Nature of Business:** |  |
| **Your Job Title:** |  |
| **Brief description of your key duties and responsibilities:** |  |
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| **Specific Reason for Leaving:**  |  | **Salary:** |  |
| **Length of Service (exact dates):** | **From:**  | **To:** |
| **How much notice are you required to give to your current employer?** |  |

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| **EMPLOYMENT HISTORY** |
| Please provide a **full** employment history (including part-time, temporary and voluntary work) starting with the most recent first since leaving secondary education, including any dates when there were gaps in employment and reasons for any gaps. You may exclude your present or last employer if you have detailed it above. |
| **Dates** | **Job Title (Position held)** | **Employer****(name and address of employer)** | **Specific reason for Leaving** |
| **From (MM/YY)** | **To (MM/YY)** |
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*Please continue on a separate sheet if necessary.*

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| **Please explain any gaps in your employment history since leaving secondary education (e.g. Unemployment, ill health, family commitments etc.)** |
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|  **Have you ever been subject to any disciplinary proceedings/ allegations related to children or vulnerable adults during your employment history? If yes, please give details.** | Yes / No |

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| **EDUCATION/QUALIFICATIONS** |
| **Schools attended since age 11** | **Date From (MM/YY)** | **Date To (MM/YY)** | **Examinations and Results** |
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| **Collage / University** | **Date From (MM/YY)** | **Date To (MM/YY)** | **Courses and Results** |
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| **Further Formal Training** | **Date From (MM/YY)** | **Date To (MM/YY)** | **Diploma/Qualifications obtained** |
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| **Job related Training courses, eg. First Aid, Life Saving, Food & Hygiene** |
| **Name of Organisation** | **Date** | **Subject** |
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| **MEMBERSHIP OF ANY TECHNICAL OR PROFESSIONAL ASSOCIATIONS:** |
| **Do you have QTS/QTLS status?** | Yes/No | **(For teachers only) Do you have a Teacher Reference Number?** | Yes/NoPlease provide: |
| **Do you have a Nursing PIN Number?** | Yes/NoPlease provide: | **Do you have a Health & Care Professional Council Registration Number?** | Yes/NoPlease provide: |

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| **INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES (e.g. hobbies, sports, club memberships)** |
| **What have you learned from participation in these hobbies that would assist you in this position?** |

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| **Please explain how you meet the requirements of the Job Description and Person Specification. Include the reasons why you wish to apply for the position and give details of any real-life experience, skills, abilities and specialist knowledge that you have that you think is relevant. Please also provide any other information which you think will help us to consider your application.** |

**DECLARATION**

I confirm that the above information is complete and accurate and I understand that any offer of employment is subject to a) references which are satisfactory to the Company b) satisfactory DBS certificate and check of the Barred list (where appropriate) c) a satisfactory medical report.  I understand that the provision of false or misleading information given in response to any questions on this form or failure to disclose information may result in the termination of any contract of employment entered into, or the withdrawal of any offer of employment. I confirm that I have not been disqualified from working with children, cautioned or sanctioned in this regard.

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| **Signature:** | **Date:** |

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| Please tell us if there are any ‘reasonable adjustments’ we can make to assist you in your application or with our recruitment process: |

**REFERENCES**

Please give the names and addresses of a **minimum** of THREE professionals whom we may approach for a reference. One **must** be your present employer (if employed) or last employer if currently unemployed and your previous employers. The referee’s must be from different organisations. If you have previously worked in care or education you must provide these as referees. **Friends and relatives should not be used as referees.**

Can we approach your current employer before an offer of employment is made? YES / NO

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| **Reference 1** |
| **Name of Referee:** |  |
| **Referee Job Title:** |  |
| **How do you know the Referee:** |  |
| **Address of Referee:** |  |
| **Contact Telephone Number:** |  |
| **E-mail:** |  |
| **Reference 2** |
| **Name of Referee:** |  |
| **Referee Job Title:** |  |
| **How do you know the Referee:** |  |
| **Address of Referee:** |  |
| **Contact Telephone Number:** |  |
| **E-mail:** |  |
| **Reference 3** |
| **Name of Referee:** |  |
| **Referee Job Title:** |  |
| **How do you know the Referee:** |  |
| **Address of Referee:** |  |
| **Contact Telephone Number:** |  |
| **E-mail:** |  |

Please email your completed application to: recruitment@loddonschool.co.uk

If you are short listed, we will need to contact your referees before interview. If you have indicated you do not wish for us to contact your current employer before an offer of employment is made we will contact you prior to proceeding with reference checks.

We would like to take this opportunity to thank you for applying.