# Lockers Park School

## APPLICATION FORM (Non-Teaching Post)
Please complete in BLACK ink.

| POST APPLIED FOR: | |
|---|---|

**PERSONAL DETAILS**

| Title: | | Surname: | | |
|---|---|---|---|---|

| Forename(s): | | Date of Birth (for identification purposes): | |
|---|---|---|---|
| | | Former Surname (if applicable): | |
| Address: | | National Insurance No: | |
| | | | |
| | | Daytime Tel No: | |
| | | Evening Tel No: | |
| Post Code: | | Mobile Tel No: | |
| Email: | | | |

If you have been at this address for less than 5 years please provide details of previous addresses covering this period on a separate sheet.

| Please indicate whether you have any family or close relationships with existing employees/employment at Lockers Park. | Yes/No |
|---|---|

**EDUCATION**

| Name & Addresses of Schools/Colleges | From (Mth/Yr) | To (Mth/Yr) | Qualifications Obtained |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS  Please state whether you are a member of any technical or professional associations, and if so, which:

PERSONAL DEVELOPMENT  Have you attended any training courses/seminars to develop your skills?  If yes, please list:

| Course Title | Date From | Date To | Details of Course |
|---|---|---|---|
| | | | |

## DETAILS OF PRESENT OR MOST RECENT EMPLOYER

| From | To | Position/Job Title |
|---|---|---|
| Name and Address | | Main duties |

| Salary | Responsible to | Reason for leaving |
|---|---|---|

## DETAILS OF PREVIOUS EMPLOYERS  (in reverse order)

**(Full employment history is required.  Any previous employer may be approached by the school).**

| From | To | Position/Job Title |
|---|---|---|
| Name and Address | | Main duties |

| Responsible to | |
|---|---|

| From | To | Position/Job Title |
|---|---|---|
| Name and Address | | Main duties |
| Responsible to | | Reason for leaving |

| From | To | Position/Job Title |
|---|---|---|
| Name and Address | | Main duties |
| Responsible to | | Reason for leaving |

| From | To | Position/Job Title |
|---|---|---|
| Name and Address | | Main duties |
| Responsible to | | Reason for leaving |

| LEISURE INTERESTS, HOBBIES, MEMBERSHIP OF ORGANISATIONS ETC |
|---|
| |

Please provide details of two individuals whom we can contact to obtain a reference. One should be your current or most recent employer. Where you are not currently working with children but have done so in the past one referee must be from the employer by whom you were most recently employed in work with children. **Please note that references will not be accepted from relatives or from referees writing solely in the capacity of friends.**

| Referee 1 | | Referee 2 | |
|---|---|---|---|
| Name | | Name | |
| Address | | Address | |
| | | | |
| Post Code | | Post Code | |
| Telephone No: | | Telephone No: | |
| Fax No: | | Fax No: | |
| Email: | | Email: | |

Do you agree to references being taken up if you are short-listed for the appointment?

Do you require a permit to work in the UK?   ● No   If yes, do you have a current permit to work?   ●Yes/No

If yes, please provide the original along with originals of any other evidence that you are eligible to work in the UK.

---

**I am aware that the post for which I am applying is exempt from the Rehabilitation of Offenders Act 1974 and therefore all convictions, cautions and bind-overs, including those regarded as 'spent' must be declared. I have not been disqualified from working with children, am not named on the Barred List or the Protection of Children Act List, am not subject to any sanctions imposed by a regulatory body (please select as appropriate):**

**● I have no convictions, cautions or bind-overs**

**OR**

**● I have attached details of any convictions, cautions or bind-overs in a sealed envelope marked Confidential.**

**I understand if my application is successful an enhanced DBS check will be carried out.**

**I understand if my application is successful I will complete a medical declaration.**

To meet our obligations under Data Protection Legislation all candidates accept that by signing their application form all or part of the information provided on this form may be used and processed by Lockers Park for recruitment and personnel administration and for equality monitoring. Such use will be subject to the provisions of the Data Protection Act 1998

**I confirm the information given in this form is correct and understand that it will be used in the selection process. I also understand that misleading statements may be sufficient grounds for cancelling any agreements made.**

●delete as applicable

Signature:                                                    Date: