



READ SCHOOL

DRAX

The Read School

Founded 1667

Main Road, Drax, Selby, North Yorkshire YO8 8NL

Telephone and fax 01757 618687

www.readschool.co.uk

Head: Mrs R A Ainley, MA (Oxon)

Surname (Family Name) Mr/Mrs/Miss/Ms/Other	Forenames (Other Names)
--	--------------------------------

Post applied for:	Date of birth:	Age:	Date you are able to commence duty:
--------------------------	-----------------------	-------------	--

Home Address: Home Telephone No: Mobile Telephone no: Email Address:	DfE Teacher Ref. No: Do you have QTS? Yes/No National Insurance No:
	Subjects you are able to teach:

If successful, you will be asked to complete a medical questionnaire before commencing employment with the school. Any offer of employment will be conditional upon the receipt of a satisfactory medical questionnaire. Please note that failure to disclose information which subsequently comes to light may lead to disciplinary action and dismissal.

Do you require any special facilities or adjustments to attend for interview? Yes / No
If Yes, please state below:

Are you a Registered Disabled Person? Yes / No

Education And Training**Secondary Education**

Name of School	From	To

Qualifications / Examinations Passed

Name of Qualification / Examination	Subjects / Grades	Date Obtained

Further Higher/Education

Name of College/University	Full Time or Part Time	From	To

Degree Awarded With Class	Main Subjects/Grades	Subsidiary Subjects	Date Obtained

If any course you have taken has been extended beyond the normal period, state reason and period of extension

In Service Training and other Qualifications Obtained

Please supply details of any In Service Training and other relevant qualifications undertaken in the last five years and list on a separate sheet then attach to this form.

Work Experience

Present (or most recent) teaching post

L.E.A. (if applicable)	Name, type and size of school (please give full address)	Position Held (Including special posts, if any) State if full or part time	Scale of Post and Salary. Please state any allowances received	Main subjects taught	Date Appointed And Resigned. (If Applicable)	State reason for leaving

Previous teaching experience – please arrange in chronological order – list full time posts first

Please explain any periods not in employment

L.E.A. (if applicable)	Name, type and size of school (please give full address)	Position Held (Including special posts, if any) State if full or part time	Scale of Post and Salary. Please state any allowances received	Main subjects taught	Date Appointed And Resigned. (If Applicable)	State reason for leaving

Other Work Experience

Name of Employer	Nature of Employment	Full or Part Time	From	To

References

Please nominate two referees, one of which must be your present or most recent employer. Referees should have direct knowledge of your professional capabilities and performance. References will not be accepted from relatives and friends.

1. Name/Status
Address

Tel No:
Email:

2. Name/Status
Address

Tel No:
Email:

It is Governors' policy to seek references for shortlisted candidates

Are you related to any member of the Governing Body of The School or to any existing employee of the school?
Yes / No
If Yes please give details.

How did you learn of this vacancy?

Have you been or are you subject to any Capability procedure? Yes/No
If Yes please give details on a separate sheet

Have you been or are you subject to any Disciplinary procedure? Yes/No
If Yes please give details on a separate sheet

I confirm that the information given in this application is correct. I understand that failure to disclose information which is relevant to this application may result in disciplinary action and dismissal. I consent to employment and medical record checks being made in support of this application.

Signature:

Date:

The school has been advised to point out to candidates that the post for which you are applying is exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Applicants are therefore, **not** entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act, and, in the event of employment, any failure to disclose such convictions may result in dismissal by the Governors. Any information given will be completely confidential and will be considered only in relation to an application for positions by which the Order applies.

FOR OFFICE USE ONLY

DATE RECEIVED	DATE ACKNOWLEDGED	SHORTLISTED	REASON
		INTERVIEWED	

COMMENTS:

Supporting statement

Please explain how your skills, qualities and experience are relevant to this post. Please include examples, where appropriate, of work you have done and events or activities you have been involved in which may support your application. Please continue on a separate sheet if necessary.



READ SCHOOL

DRAX

SELF-DISCLOSURE FORM - CONFIDENTIAL

Please answer the questions below:

All information you provide will be treated as confidential and managed in accordance with the relevant data protection legislation and guidance. You have a right of access to information held on you under the Data Protection Act 1998.

1. Have you ever been known to any children's services department or to the police as being a risk or potential risk to children? Yes / No

If Yes, please provide further information;

2. Have you been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards children? Yes / No

If Yes, please provide further information;

3. Do you have any convictions, cautions, reprimands or final warnings that are not 'protected' or 'spent' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amended) 2013? Yes / No

If Yes, please provide further information;

Confirmation of declaration (tick box below)

I agree that the information provided here may be processed in connection with recruitment purposes and I understand that an offer of employment may be withdrawn or disciplinary action may be taken if information is not disclosed by me and subsequently comes to the School's attention.

In accordance with the School's procedure, I agree to undertake a check with the Disclosure and Barring Service (DBS) and consent to the School clarifying any information provided on the disclosure with the agencies concerned.

I agree to inform the School within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children or young people.

I understand that the information contained on this form, the results of the DBS check and information supplied by third parties may be supplied by the School to other persons or organisations in circumstances where this is considered necessary to safeguard children and young people.

NOTE: The circumstances under which employers can ask candidates for employment about their convictions are controlled by the Rehabilitation of Offenders Act 1974 and its supporting regulations. The nature of the post for which you are applying requires you to disclose information about convictions which for other purposes are 'protected' or 'spent' under the Act. You should be aware that a check of police records will be made in respect of any person appointed to work involving substantial access to children.

I confirm that the information given is correct. I further understand that, if successful, I will be required to undergo enhanced Disclosure checking with the Disclosure and Barring Service.

Signed:

Date:

Name:

Post applied for:

Please return this form with your application.



READ SCHOOL

DRAX

Equal Opportunities in Employment

Monitoring of Policy

The Read School is committed to equality of opportunity in relation to the recruitment and selection of staff. To assist in the implementation and monitoring of this policy, the School requests applicants for posts with the School to provide the following information:

Name:

Post applied for:

1. I would describe my race or cultural origin as (please tick one box only)

- | | |
|--|---|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> White - British |
| <input type="checkbox"/> Black Other | <input type="checkbox"/> White - European |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White - Other |
| <input type="checkbox"/> Chinese | |

Any other race or ethnic group (please describe below):

.....

2. My sex is

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

3. My age group is:

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 16-19 | <input type="checkbox"/> 40-49 |
| <input type="checkbox"/> 20-29 | <input type="checkbox"/> 50-59 |
| <input type="checkbox"/> 30-39 | <input type="checkbox"/> 60+ |

4. I have NO disability I have a disability

If I have a disability, brief indication of this and details of any special needs that may be required for me to fulfil the duties and responsibilities of the post applied for are:

.....

.....

This document will be kept separate from your application form. The information that you provide will be treated in the strictest confidence and will not be available to members of the appointment panel.

Please return this form with your application.