



## Application Form

Winton Primary School will seek to ensure that all existing and potential employees are given equal opportunities. It is committed to the elimination of unlawful or unfair discrimination on the grounds of gender, age, marital status, colour, race, nationality or other ethnic or national origin, disability, sexual orientation, transgender and religious background. Winton Primary School will seek to ensure that no applicant for employment is disadvantaged by conditions or requirements which cannot be justified.

Thank you for your application.

Job title

Post number

Service Unit/School

### PERSONAL DETAILS

Surname

Forenames

Address

Preferred title

Daytime phone no.

Evening phone no.

Mobile phone no.

Postcode

e-mail

If you are selected for interview, how would you like to be contacted? E-mail  Letter

NATIONAL INSURANCE NUMBER

### ELIGIBILITY TO WORK IN THE UK

Do you have permission to work in the UK? Yes  No

If you are not a British national or the holder of an EU or EEA passport, please indicate in what capacity you are in the UK:



#### POSITIVE ABOUT DISABILITY

Winton Primary School is positive about disability and encourages applications from disabled people. The 'double tick' symbol means that all disabled applicants who satisfy the minimum criteria will be offered an interview.

If you consider that the provisions of The Equality Act 2010 apply to you, please tick the box.

If you require assistance at any stage of the process, please contact the Appointing Officer, or provide details below.

## REFERENCES

Referees named on this form must be your present (most recent) and previous employer. If you have not recently been employed, or are returning to work after a substantial career break and are unable to provide previous employment references, please provide alternatives e.g. the name of your course Tutor(s)/Head Teacher or a suitable professional. It is our policy to contact referees prior to interview. **If you wish to be contacted prior to your references being taken up, please tick in the box.**

### PRESENT (MOST RECENT) EMPLOYER

Name \_\_\_\_\_  
 Capacity known to you \_\_\_\_\_  
 Organisation \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone no. \_\_\_\_\_  
 e-mail \_\_\_\_\_

### PREVIOUS EMPLOYER

Name \_\_\_\_\_  
 Capacity known to you \_\_\_\_\_  
 Organisation \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone no. \_\_\_\_\_  
 e-mail \_\_\_\_\_

## Employment History

### CURRENT/MOST RECENT EMPLOYMENT

You do not need to repeat these details in the Previous Employment section.

Employer's Name and Address

\_\_\_\_\_  
 \_\_\_\_\_

Job title _____	Date appointed _____
Current Salary _____	Grade _____
Notice Period _____	

Main duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact you at work if necessary? Yes  No  Contact no. \_\_\_\_\_

### PREVIOUS EMPLOYMENT

Please indicate with a 'tick' in the last column, your consent for additional references to be taken up at the discretion of the School. (This will only be done in specific circumstances).

Employer's Name and Address	Job title and duties/responsibilities	Date from/to	Reason for Leaving	

Please continue on a separate sheet if required.

**SUPPORTING STATEMENT**

Please use the space below to write a supporting statement to accompany your application.

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Please continue on a separate sheet if required.

**SCHOOL EDUCATION – QUALIFICATIONS**

Dates	Name of school/awarding body	Qualification obtained	Subjects

**FURTHER/HIGHER EDUCATION – QUALIFICATIONS/PROFESSIONAL MEMBERSHIPS/OTHER TRAINING**

Dates	Name of College/university/awarding body/grade of membership	Qualification obtained

Please continue on a separate sheet if required.

Are you related to, or well known to an employee or School Governor?

Yes

No

**DATA PROTECTION LEGISLATION**

**The information you have provided will be held in compliance with the Data Protection Act 2003.**

If you have previous Local Government service or other service which counts as continuous, the Academy Trust will seek confirmation from your last Authority of your date of employment for continuous service purposes, in the event of you being offered a post. The Academy will also seek details of the number of days sickness absence (not reasons) in the last 12 months, for the purposes of administering the Support Staff Sick Pay Scheme. You are deemed to have given your consent by signing this application form.

**CERTIFICATION OF INFORMATION**

I declare that the information I have provided on this application form is full, accurate and complete and I understand that if I provide false information, or fail to provide full, complete and accurate information, this may lead to the decision that my application cannot be considered any further the withdrawal of the offer of appointment, or to my dismissal, if I have been appointed. Any offer of employment is subject to receipt of satisfactory references, medical assessment and DBS checks, where applicable.

Signature

Date

Please return your completed application to:

The School Office  
Winton Primary School  
Oswald Road  
Bournemouth  
BH9 2TG

Thank you for your application