CALDAY GRANGE GRAMMAR SCHOOL



**APPLICATION FOR APPOINTMENT**

## TO A SUPPORT POST

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| **NAME OF APPLICANT:** |  |
| **POSITION APPLIED FOR:** |  |

 **Please return to: Mrs Helen White (HR Manager)**

**Calday Grange Grammar School**

###  **Grammar School Lane**

 **Wirral**

**CH48 8GG**

**or electronically to recruitment@calday.co.uk**

*Calday Grange Grammar School is committed to safeguarding and promoting the welfare of children and young people*

*and expects all staff and volunteers to share this commitment.*

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| **1. CONTACT DETAILS** |  |
| **Title** |       |
| **Surname** |       |
| **Forename(s)** |       |
| **Chosen name** |       |
| **Previous name (if applicable)** |       |
|  **Permanent address** |      **postcode**       |
| **Daytime telephone** |       |
| **Evening telephone** |       |
| **Mobile telephone** |       |
| **Fax** |       |
| **Email address** |       |
| **Correspondence address***If different from above* |      **postcode**       |

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| **2. PERSONAL DETAILS** |
| **Place of birth** |       |
| **National Insurance no** |  |  |  |  |  |  |  |  |  |
| **To which superannuation/pension scheme do you contribute?** |       |
| **Do you require a work permit to work in the UK?** | **[ ]  YES [ ]  NO** |

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| **3. DISCLOSURE OF A relationship** |
| **Canvassing members of Staff or the Governors of the School, either directly or indirectly, is forbidden and will disqualify applicants. Please give details if you are related to, or have a personal relationship with a member of the governing body, a member of staff or a student at Calday Grange Grammar School. A candidate who fails to disclose any such relationship shall be disqualified from the appointment and, if appointed, shall be liable to dismissal without notice.** |
| **Name** |       |
| **Relationship** |       |
| **Position held by that person** |       |

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| **4. REFERENCES**  |
| **In line with our safer recruitment procedures, we will contact both your referees if you are shortlisted for interview unless you inform us formally in writing that you do not wish us to do so.** |
| **CURRENT/MOST RECENT EMPLOYER, UNIVERSITY OR COLLEGE DEPARTMENT:** | **OTHER REFEREE:** |
| **Name** |       | **Name** |       |
| **Job title** |       | **Job title** |       |
| **Organisation** |       | **Organisation** |       |
| **Address** |      **Postcode**  | **Address** |      **Postcode**  |
| **Telephone** |       | **Telephone** |       |
| **Email** |       | **Email** |       |
| **Fax** |       | **Fax** |       |

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| **5. EMPLOYMENT RECORD** |
| **PRESENT OR MOST RECENT EMPLOYER** |
| **Name and address:**      | **Date commenced** |       |
| **Post held** |       |
| **Number on roll****(if applicable)** |       |
| **Period of notice** |       |
| **Present salary** |       |
| **Pay scale** |       |
| **Local Authority****(if applicable)** |       |
| **PREVIOUS EMPLOYMENT** List **all** previous employers, start with the most recent employer first. Please include any gaps in employment and give reasons. (*Please continue on a separate sheet if necessary.)* |
| **Employer’s name and address** | **Position held** | **Dates** | **Reason for leaving** |
| **From** | **To** |
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| **6. RELEVANT EXPERIENCE AND SKILLS** |
| **PLEASE GIVE DETAILS OF OTHER RELEVANT EXPERIENCES** |
| **Post/Status** | **Authority/Employer** | **From** | **To**  |
|       |       |       |       |
| **OTHER PART TIME PAID SERVICE OR EXPERIENCE (E.G. FURTHER EDUCATION OR YOUTH SERVICE)** |
| **Post/Status** |  | **Authority / Employer** |  | From | To |
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| **CONTINUING PROFESSIONAL DEVELOPMENT** |
| **Please give details of significant aspects of your continuing professional development over the last three years and your expectations for the future, Examples may include; courses attended, courses provided, school improvement work, school based learning activities, how you hope to develop your professional expertise.** |
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| **7. QUALIFICATIONS** |
| **SCHOOL, FURTHER EDUCATION** |
| **GCSE,****O Level, CSE** | **Subject** | **Awarding Body** | **Grade** | **Date Awarded** | **School/College of Further Education** |
|       |       |       |       |       |       |
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| **A Level** | **Subject** | **Awarding Body** | **Grade** | **Date Awarded** | **School/College of Further Education** |
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| **Other** | **Subject** | **Awarding Body** | **Grade** | **Date Awarded** | **School/College of Further Education** |
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| **HIGHER EDUCATION** |
| **University/College of Higher Education**  | **Period of****Attendance** | **Date of****Examination** | **Qualification** | **Date Awarded** | **Grade, Honours Class, Division** |
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| **PROFESSIONAL TRAINING (if not included above)** |
| **University/College of Higher Education**  | **Period of****Attendance** | **Date of****Examination** | **Qualification** | **Date Awarded** | **Grade, Honours Class, Division** |
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| **EDUCATION QUALIFICATION(S) CURRENTLY BEING PURSUED** |
| **Qualification being undertaken** | **Expected date of completion** | **University/College** |
|       |       |       |

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| **8. TRAINING: other relevant qualifications and training** |
| **Course title and subjects covered** | **Date and duration** | **Training organisation** |
|       |       |       |

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| **9. DETAILS OF MEMBERSHIP TO A PROFESSIONAL ASSOCIATION/BODY** |
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| **10. SUPPORTING STATEMENT** |
| **The information contained within this part of the application provides the basis on which we shortlist candidates for the next stage of the selection process, you should explain:*** **how your experience to date has prepared you for the post**
* **what you consider to be important in the current educational climate**
* **your own assessment of your strengths and weaknesses, including the strengths you possess that will help you become a valued member of staff.**
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| **11. interests** |
| **All staff are expected to play a full part in the life of the School. Please indicate your particular interests, qualifications and other ways in which you might be able to support the School.** |
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| **12. DRIVING LICENCE (if applicable)** |
| **Do you hold a current driving licence?** | **[ ]  YES [ ]  NO** |
| **If YES, when did you pass your driving test?** |  |
| **Do you own or have the use of a car?** | **[ ]  YES [ ]  NO** |

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| 13. MEDICAL |
| The School operates an Equal Opportunities Policy. The information given below will not be used in a discriminatory manner but will be used to provide suitable adjustments for the successful interview candidate and appointee. |
| **Do you have any disability within the definition in the Disability Discrimination Act 1995, which is relevant to the consideration of your application, including any interview to which you may be invited?**  | **[ ]  YES [ ]  NO** |
| Please give details of any disability:       |

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| 14. CRIMINAL INVESTIGATION |
| THE APPOINTMENT FOR WHICH YOU ARE APPLYING INVOLVES WORK WITH CHILDREN AND IS THEREFORE EXEMPT FROM THE REHABILITATION OF OFFENDERS ACT 1974. YOU ARE REQUIRED TO DECLARE ANY CONVICTIONS OR CAUTIONS YOU MAY HAVE, EVEN IF THEY WOULD OTHERWISE BE REGARDED AS SPENT UNDER THAT ACT. THE INFORMATION YOU GIVE WILL BE TREATED IN CONFIDENCE. IF YOU ARE SELECTED FOR THE APPOINTMENT BUT PRIOR TO THE APPOINTMENT BEING CONFIRMED, A CHECK WITH THE DISCLOSURE BARRING SERVICE (DBS) WILL BE CARRIED OUT. |
| Have you ever been convicted of a criminal offence or received a caution or bind-over? If YES, please list all convictions, cautions and bind-overs including any which are spent under the Act. Failure to declare a conviction may disqualify you from appointment or result in summary dismissal when the discrepancy comes to light.Have you ever been convicted of a criminal offence or are you currently undergoing criminal investigations? [ ]  YES [ ]  NOIf YES please give details and dates of convictions and sentence:      |
| I agree to a DBS check being made: [ ]  YES [ ]  NO |

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| 15. ADVERTISING MONITORING |
| Please indicate how you came to know about this post |
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| 16. DECLARATION |
| I declare that to the best of my knowledge and belief, all statements contained above are correct and I understand and acknowledge that should I conceal any material fact I will be liable to the termination of my contract of service, with such notice as may be appropriate and I may be refused benefits under the sickness payments and superannuation schemes.I consent to undergo a medical examination or examinations if required and I have no objection to the School or Area Health Authority communicating with my own Doctor or obtaining any hospital records concerning my health or medical history.All statements given above by me are true and correct to the best of my knowledge.Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |