



# Application Form West Kent Learning Federation

This is an electronic PDF form. You should save it somewhere on your computer before you begin. You can save the form at any time and continue working on it later. Once complete please email the form to <a href="mailto:training@mascalls.kent.sch.uk">training@mascalls.kent.sch.uk</a>

## Application for the post of: GTP Trainee

Home Address:
Postcode:
Telephone:
Mobile:
Work:
Email:
Health
Please list any disability or serious illness in the last 10 years:
Please list, with brief details, any periods of absence through sickness during the last three years:
,55.5

#### **Referees**

Please give the name and addresses of two professional people willing to give a reference. Or, if you are in, or have recently completed full-time educations, one referee should be from your college / university. These may be requested before interviews unless you place an 'X' in the appropriate box below. If the name in which we should seek differs from above, please note this.

Name 1:	Name 2:
Status:	Status:
Address:	Address:
Postcode:	Postcode:
Telephone:	Telephone:
Email:	Email:
Tick this box if we should not contact this referee before an interview:	Tick this box if we should not contact this referee before an interview:

#### **Present Employment**

Name of Employer: Address:	Write a brief description of your present duties / responsibilities, saying who you report to and, if appropriate, who reports to you:
Postcode:	
Position held:	
Present Salary and Grade:	
Date Started:	
Full / Part Time:	

## **Previous Employment**

Please list your employment history, most recent first.

Date From M/Y	Date To M/Y	Name, Location & Business of Employer	Position Held	Reason for Leaving

## **University Education**

Name of Institution:	
Dates Attended - From:	То:
Degree Course Undertaken:	Degree Classification Awarded:

## **College / Secondary Education**

•				
Name of Institution:				
Dates Attended - From:		To:		
	Subject		Grade	Date of Award

## **Membership of Professional Institute or Professional Bodies**

Institute	Grade of Membership	Year Attained
Non-Academic Awards		
In-Service Education and Training		
in-service Education and Training		

## **Other Relevant Experience**

	aid or unpaid employment or ex g.g. Commercial experience, raisi	perience after the age of 18 which you considering family, youth work etc
Disclosure of Relations	nip	
Are you related by marriage, school's senior management?		member of the school's Governing Body, or the
If you have answered 'Yes', pl		
Name:	Relationship:	Postion Held:

#### Statement of Suitability:

Please explain how your ability, skills and knowledge match those required for the appointment. Please consider all your experience whether paid or unpaid. Give examples in support of your application.	

#### **Disclosure of Criminal Convictions**

Under the Rehabilitation of Offenders Act 1974 (Amendment Order 1986) and regulations issued by the Home Office, the Governors have a duty to ensure that a police check for possible criminal convictions is undertaken for all those who apply for positions that give substantial access to children. Applicants are not entitled to withhold information about convictions which for other purposes would be "spent" under the provisions of the Act.

Have you been convicted or found guilty of any offence by any Court (even if you were only placed on probation or conditionally discharged)? Answering "yes" does not necessarily bar you from appointment. Every application is considered on its own merits.
If so please give details of Court, charge and sentence:
Have you had a Criminal Records Bureau Check carried out?
If you have replied 'Yes' please provide a copy of your disclosure certificate. If you have replied 'no', please confirm by ticking the box below that you have no objection to a Criminal Records Bureau Check being carried out before an appointment is confirmed. A refusal could prevent further consideration of your application.
Ticking this box is the equivalent of signing this document:

#### **Declaration**

I declare that the information given on this form is correct to the best of my knowledge and belief and I understand that any false statements on this form will justify dismissal from the School's service. I understand that a police check will be carried out.		
Tick this box if you agree (this box is the equivalent of signing this document):		
Date:		

You can save this form at any time and continue working on it later. Once you have finished please email the form to the school at the following address.

training@mascalls.kent.sch.uk

Alternatively you can print it and post it in.

Training School Mascalls School Maidstone Road Paddock Wood Kent TN12 6LT

Thank you for applying for this position