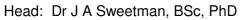
The Read School

Founded 1667

Main Road, Drax, Selby, North Yorkshire YO8 8NL Telephone and fax 01757 618687 www.readschool.co.uk





Surname (Family Name)			Forenames (Other Names)				
Mr/Mrs/Miss/Ms/Other							
Post applied for:	Date of birth	Age		Date you are able to commence duty:			
Home Address:			Home	ne Telephone No:			
			Mobi	ile Telephone No:			
Email address:			Do you hold a full driving licence? Yes/No				
			Points Yes/No Amount (if any):				
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 fa If Yes, please state below:	cilities or adjus	o atten	nd for interview? Yes / No				
Are you a Registered Disabled Person? Yes							

Education And To Secondary / Further	<u>raining</u> er / Higher Educat	ion					
Name of School/Est	ablishment		From			То	
Qualifications / Exa		d	Т				
Name of Qualificatio	n / Examination		Subjects /	Grades		Date Obtained	<u> </u>
Work Experience							
Current (or most re		nt					
Name and address of employer (please give full address)	Nature of business	Position (Including spec any) State if full or	ial posts, if	Salary. Please state any allowances received	Mai	in responsibilities	Date Appointed And Resigned. (If Applicable)
Drovious ampleum	ant places areas		amical and	list most ro		nooto firot	
Previous employm Name and address of employer (please give full address)	Nature of business	Position (Including spec any) State if full or	Held ial posts, if	Scale of Post and Salary. Please state any allowances received		in responsibilities	Date Appointed And Resigned. (If Applicable)

Comparation Chatamant
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.

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 or friends.					
1. Name/Status Address					
Tel. No: Fax. No: E-mail: 2. Name/Status Address					
Tel. No. Fax. No. E-mail:					
It is school 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, <u>not</u> 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:						

THE READ SCHOOL

REHABILITATION OF OFFENDERS ACT



Please answer the question below:

	Have \	ou ever	been	convicted	of an	offence or	been sul	biect to	a bind-o	ver or	caution?
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YES/NO (delete as applicable)

If YES – please state the dates(s) of conviction(s), the offence(s) and the penalty(ies) imposed

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 '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 Criminal Records Bureau.

Please return this form with your application.

Signed:	
Name:	
Date:	
Post applied for:	

THE READ SCHOOL

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	applie	d for:				
1.	l wou	ıld describe my race	or cultur	al origin a	as (please tick one box only)	
	Black Black			White		
Any o	other ra	ce or ethnic group (p	lease de	scribe be	·low):	
2.	My s	ex is				
	Male			Femal	e	
3.	Му а	ge group is:				
	16-19 20-29 30-39	9		40-49 50-59 60+		
4.		I have NO disabilit	у		I have a disability	
to ful	fil the d	uties and responsibili	ties of th	e post ap	ails of any special needs that may be required for moplied for are:	е

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.