

The Read School

Founded 1667

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



Head: Dr J A Sweetman, BSc, PhD

Surname (Family Name) Mr/Mrs/Miss/Ms/Other	Forenames (Other Names)
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Post applied for:	Date of birth	Age	Date you are able to commence duty:
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Home Address: Email address:	Home Telephone No: Mobile Telephone No:
	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 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 / Further / Higher Education**

Name of School/Establishment	From	To

Qualifications / Examinations Passed

Name of Qualification / Examination	Subjects / Grades	Date Obtained

Work Experience**Current (or most recent) employment**

Name and address of employer (please give full address)	Nature of business	Position Held (Including special posts, if any) State if full or part time	Salary. Please state any allowances received	Main responsibilities	Date Appointed And Resigned. (If Applicable)

Previous employment – please arrange in chronological order – list most recent posts first

Name and address of employer (please give full address)	Nature of business	Position Held (Including special posts, if any) State if full or part time	Scale of Post and Salary. Please state any allowances received	Main responsibilities	Date Appointed And Resigned. (If Applicable)

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?
If Yes please give details. Yes / No

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:

THE READ SCHOOL

REHABILITATION OF OFFENDERS ACT

The logo for The Read School, featuring the text "The Read School" in white on a red rectangular background.

Please answer the question below:

Have you ever been convicted of an offence or been subject to a bind-over or caution?

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:

CONFIDENTIAL

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 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):

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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:

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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.

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