

## ROSE HILL SCHOOL

Coniston Avenue, Tunbridge Wells, Kent TN4 9SY
Tel: 01892 525591 Fax: 01892 533312
e-mail: admissions@rosehillschool.co.uk
www.rosehillschool.co.uk

## APPLICATION FORM

Ple a se complete in BIACKink.

POSTAPPLIED FO	R:				
DATE OF APPLIC	ATON:				
PERSO NAL DETA	ILS				
Title:	S	ımame:			
Fore name (s):	•		Former Sun applicable		
Address:			Na tio na l In	surance No:	
			Te a c he r Re		
			Daytime Te		
			Evening Tel	l No :	
Postcode:			Mobile Tell	No:	
E-mail:			Do you hav	ve QTS?	Ye s/ No
		ress for less than 5 od on a separate s		vide details o	fprevious
	ing the poin	ou on a separate s	110 0 0.		
	o lo yment a t	ı have any family o Rose Hill Schoolor			
ACADEMIC & PE	RO FESSIO NA	LQUALIFICATIONS			
Names & Addre	sse s o f	From (Mth/Yr)	To (Mth/Yr)	Qualific ation	ns Obtaine d

PERSONAL DEVELOPMENT: Ple a se list a ny training course s/se minars a tte nded to			
develop yourskil	s.		
Course Title		Da te	De ta ils of Course
DETAILS OF PRESE	NTORMOS		
Fro m		То	Po sitio n/ Jo b title
Name and Address			Main duties
Sa la ry £	Re sp o nsib l	e to	Reason for leaving (if applicable)

DETAILS OF PREVIOUS EMPLOYERS (in reverse order)			
	Ib	Po sitio n/Jo b Title	
Name and Addres	SS	Main duties	
Re sp o nsib le to		Re a so n for le a ving	
Fro m	Ib	Po sitio n/ Jo b 'Title	
Name and Addres		Main duties	
Re sponsible to		Re a so n fo r le a ving	
Fro m	Ib	Po sitio n/ Jo b Title	
Name and Addres		Ma in duties	
Re sponsible to		Re a so n for le a ving	

Fro m	To		Po sitio n/ Jo b Title	
Name and	Address	Main duties		
Re sp o n sib le			Re a so n fo r le a ving	
The sponsible	e 10		The a soft for lie a virig	
C A DC DI	*DI 0 */* ***			
GAPS IN EM				
Please acc		y gaps in employ	ment:	
FRO M	OT	REASON		
LEISURE INT	ERESTAND I	HO BBIES		

THEATING			
HEALTH			
Please note that the succe	ssful applicant will be required to make a		
declaration that he/she is n	nedically fit for the post and, if necessary, may be		
asked to undergo a medic	alexamination.		
	have you taken in the last two years?		
	condition that is likely to restrict your ability to		
undertake this job?		Ye s/ No	
	nd state any adjustments that you might need in the jo	b to overcome this	
re stric tio n			
Diagram wide date in a few	i diid lala la		
=	yo individuals who we can contact to obtain a reference temployer. Where you are not currently working with c		
	ference must be from the employer by whom you were		
employed in work with child		3 most lecently	
	s will not be accepted from relatives or from referees w	riting soloky in the	
capacity of friends.	s will not be accepted from leta uves of from letelees w	nung solely in the	
capacity of me has	Referee 1		
Name			
Address			
Po st C o d e			
Te l No			
Fa x No			
E-mail			
In what capacity known?			
	Refere e 2		
Name			
Addre ss			
Postcode			
Te l No			
Fa x No			
E-mail			
In what capacity known?			
Please note that we will co	ntact these referees if you are short-listed for the post a	nd	
se e k re fe re nc e s b e fo re inte	*		
Do you require a permit to	work in the UK?	Ye s/ No	
If yes, do you have a current permit to work?			
-			
If yes, please provide the o	riginal along with originals of any other evidence that y	ou are eligible to	
work in the UK			

PERSO NAL STATEMENT
Using Section 6 (Personal Specification) of the Job Description sent to you in your
application information, please demonstrate, using examples, your suitability for this
position. Begin by giving your reasons for applying for this position.
Re a sons for applying:
Personal Statement:
1 e 180 ma i Sua de mie mu.
Ple a se continue on a separate sheet if necessary.
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## PERSO NAL DEC LA RATIONS

The position for which you are applying involves contact with children and is exempt from the Rehabilitation of Offenders Act 1974 and all subsequent amendments (England and Wales). For these positions you are not entitled to withhold information about police cautions, "bind-overs", or any criminal convictions including any that would otherwise be considered "spent" under the Act. Have you ever been convicted of any offence or "bound-over" or given a caution? YES/NO

If yes, please give details on a separate sheet and attach it to this form in a sealed envelope marked "Confidential Disc losure".

I understand that if my application is successful I will be required to obtain a CRB Disc losure at the appropriate level.

## Declaration - please read carefully

For the purposes of the Data Protection Act 1998, I consent to the information contained in this form, and any information received by or on behalf of Rose Hill School relating to the subject matter of this form, being processed by them in administering the recruitment process.

Idec lare that the information I have given on this form is complete and accurate and that I am not banned or disqualified from working with children nor subject to any sanctions or conditions on my employment imposed by The Independent Safeguarding Authority, the Secretary of State or a regulatory body. I understand that to knowingly give false information, or to omit any relevant information, could result in the withdrawal of any offer of appointment, or my dismissal at any time in the future, and possible criminal prosecution.

Sig ne d:	Date:
Print name	

All candidates applying for employment via e-mail will be required to sign and date this form if invited to attend an interview.