



# MILLFIELD

**STRICTLY CONFIDENTIAL**

**APPLICATION FOR A TEMPORARY APPOINTMENT 2012**

(Please complete this form in BLACK ink or typescript as it may be photocopied. If any sections are not applicable mark them N/A)

Post applied for:		How did you learn about this vacancy? If from a person please give name:	
Title:	Surname:	Forenames:	
Permanent Address (inc. Post Code):		Any other surname used? If so please give dates: From:                      To:	
		Home Telephone Number (inc. STD code):	
		Mobile Telephone Number:	
		Work Telephone Number:	
Nationality:		Email:	
Date and Place of Birth:		NI Number:	
Passport No:	Nationality on Passport:	Country of issue:	
<b>ADDRESS HISTORY COVERING PREVIOUS 5 YEARS (LEAVING <u>NO</u> GAPS AND INCLUDING TEMPORARY AND/OR UNIVERSITY ADDRESSES) use continuation sheet if necessary.</b>			
Full Address		From (month/year)	To (month/year)
Post Code:			
Full Address		From (month/year)	To (month/year)
Post Code:			
Full Address		From (month/year)	To (month/year)
Post Code:			
Please give details of any holiday you have booked including dates:			
Please give details of membership of any public or voluntary body and indicate the approximate time commitment entailed:			

**FULL EMPLOYMENT HISTORY (please place most recent first leaving no gaps)**

In the education sector we have a responsibility to safeguard children and young adults in our care. Under current legislation we are therefore required to obtain employment and education history including dates. Please use a continuation sheet if necessary.

Name and address of employer:		Duties and responsibilities:				
Job title:	From: (mm/yy)		To: (mm/yy)		Reason for leaving:	Leaving salary:
Name and address of employer:		Duties and responsibilities:				
Job title:	From: (mm/yy)		To: (mm/yy)		Reason for leaving:	Leaving salary:
Name and address of employer:		Duties and responsibilities:				
Job title:	From: (mm/yy)		To: (mm/yy)		Reason for leaving:	Leaving salary:
Name and address of employer:		Duties and responsibilities:				
Job title:	From: (mm/yy)		To: (mm/yy)		Reason for leaving:	Leaving salary:
Name and address of employer:		Duties and responsibilities:				
Job title:	From: (mm/yy)		To: (mm/yy)		Reason for leaving:	Leaving salary:

## EDUCATION HISTORY

(please place most recent first)

Date		School/College/University	Details of Course/subjects	Qualification
From	To			

**Proof of all qualifications declared will be required to be seen (original certificates) as will proof of identity in the form of an original passport.**

### DETAILS OF TRAINING COURSES ATTENDED

Date	Course attended	Course details	Qualification (if any)

If appointed, when could you start?

Do you hold a current driving licence?	Yes	No	Do you have any driving convictions?	Yes	No
Licence Number including issue number:			Year you obtained licence:		

## REFEREES

Please give the names and addresses of two persons from whom confidential references may be obtained. One of these must be your present or last employer if you are working or have previously worked. Referees must not be a family member.

1.Full Name:	Postal Address including post code and telephone number if known	Position
Email address:		

2. Full Name:	Postal Address including post code and telephone number if known	Position
Email address:		

If you require any reasonable adjustments to be made at interview or employment stage, please give details below:

Please state any relevant experience you would like us to take into consideration in support of your application:

## NOTES

It is our practice to contact referees prior to commencement of employment; they will be asked specifically if there is any reason why you should not work with anyone under 18 years of age.

**Data Protection Act 1998 - The information or data which you have supplied may be processed and held on computer, and will be processed and held on your personal records if you are appointed. The data may be processed by the School for the purpose of equality monitoring, compiling statistics, inspections and for the keeping of other employment records. By signing and returning this application form you will be deemed to be giving your explicit consent to processing of data contained or referred to on it, including any information which may be considered to be sensitive personal data.**

This section is not used as part of the short listing process and may be returned in a sealed envelope or separate email to the personnel office [humanresources@millfield.com](mailto:humanresources@millfield.com) if preferred, ideally with a non-electronic signature.

### MEDICAL STATEMENT

1. Are you receiving any medication prescribed by your GP which could prevent you from carrying out any aspect of the role you are applying for? Yes/No (if yes please give a brief explanation)
2. Are you aware of any medical condition that may prevent you from carrying out the duties of this role? Yes /No (if yes please give a brief explanation)

I hereby declare that the answers given above are true and that I have not withheld any information.

Name:

Signed:

Date:

### CRIMINAL RECORDS CHECK

In connection with any appointment within this school we need to ask the following questions:

1. Have you ever been issued with a personal warning or caused your name to be included on List 99 which names those who may not be employed in schools? Yes/No (please delete as appropriate)
2. You are required to declare any convictions or cautions you may have had, regardless of how long ago. Have you ever been convicted of a criminal offence? Yes\*/No

If yes, please give details of conviction: .....

.....  
*\* (Answering yes does not necessarily debar you from appointment. If Yes, you are required to give details as the post for which you are applying is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended. A subsequent offer of appointment will be dependent upon the completion of a satisfactory Criminal Records Bureau Check and references.)*

I hereby certify that the entries on this form are complete and correct to the best of my knowledge. I understand that, should I have deliberately made a false statement on this form, my future employment could be jeopardised or even terminated.

**I agree that if my application is successful a CRB check for criminal convictions/actions will be made.**

Name: \_\_\_\_\_  
(BLOCK CAPITALS PLEASE)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_