



ST PETER'S
PREPARATORY SCHOOL

Position applied for:

Full name, including title:

Address:

Phone number:

Email address:

National insurance number:

Teacher reference number:

Please indicate where you saw this post advertised:

Teaching qualifications:

Qualification	Awarding Establishment	Final results received (month and year)

Teacher training age range:

Main subject (if applicable):

Subsidiary subject (if applicable):

Academic qualifications:

Most recent first. The successful candidate will be asked to present original certificates.

Qualification	Awarding Establishment	Final results received (month and year)

Please indicate how your experience and skills can assist in the position you have applied for: (Max. 150 words)

Please indicate how you can contribute to the ethos and success of St Peter's School: (Max. 150 words)

Additional information to support your application:
Please indicate your reasons for applying for the post. You are invited to give any information which you wish to have taken into account in support of your application.

References:

Please give details of two people who are willing to act as your referee. Referees should know you in a professional capacity, one should be your current employer and you should not list close relatives and friends. Please include your current employer. References will usually be taken up prior to interview unless you indicate otherwise.

Referee 1	
Name	
Position	
Business Name	
Address	
Work Phone No.	
Mobile Phone No.	
Email Address	
Permission to contact	

Referee 2	
Name	
Position	
Business Name	
Address	
Work Phone No.	
Mobile Phone No.	
Email Address	
Permission to contact	

Criminal Convictions - Rehabilitation of Offenders Act 1974

St Peters' School is committed to safeguarding and promoting the welfare of children and young people and expects all staff to share this commitment.

All applicants who are offered employment will be subject to checks from the Disclosure and Barring Service and NCTL before the appointment is confirmed and your signature below indicates consent to carry out these checks. This will include details of cautions, reprimands or final warnings, as well as convictions. This means that you are required to declare any convictions or cautions which you may have, even if they would otherwise be regarded as 'spent' under this Act, and any cautions or bind-overs and any prosecutions pending against you. Failure to disclose this information could result in disciplinary action or dismissal. All information will be treated in strictest confidence.

Do you have any cautions, convictions or bind-overs? No / Yes

Are you on the Children's Barred List or disqualified from working with children? No / Yes

Are you subject to any sanctions imposed by a regulatory body? No / Yes

Do you live with anyone who has been disqualified from working with children? No / Yes

If you have answered Yes to any of the above, please provide details in a sealed envelope marked CONFIDENTIAL and enclosed with this application.

Do you have any family / close links to existing employees or employers: No / Yes
If Yes, please give details:

Declaration

1. I acknowledge that an appointment, if offered, will be subject to satisfactory references and medical clearance. Currently, I am in good health.
2. I confirm that there is nothing in place to prevent me from working with children.
3. I declare that the information on this form is correct and understand that on appointment, any misleading statements or deliberate omissions will be regarded as grounds for disciplinary action.
4. I understand that these details will be held in confidence by the school, for the purposes of assessing this application, ongoing personnel and payroll administration in compliance with the Data Protection Act 1998. Application forms from unsuccessful candidates will be retained for six months from the closing date.

Signature:

Date:

EQUAL OPPORTUNITIES MONITORING FORM

St Peter's School aims to be an Equal Opportunities employer. In order to monitor the effectiveness of our equal opportunities policy and procedures, all applicants are asked to complete the following questions and return this form with your application. This form will be kept separate from your application form and will be kept strictly confidential. This information will not be reproduced in any way that enables individuals to be identified.

Gender: (please tick)	Male	<input type="checkbox"/>
	Female	<input type="checkbox"/>
Age Range: (please tick)	20-30	<input type="checkbox"/>
	31-40	<input type="checkbox"/>
	41-50	<input type="checkbox"/>
	51-60	<input type="checkbox"/>
	61-70	<input type="checkbox"/>

Ethnicity		
White (Please tick)		
British	<input type="checkbox"/>	
English	<input type="checkbox"/>	
Welsh	<input type="checkbox"/>	
Scottish	<input type="checkbox"/>	
Irish	<input type="checkbox"/>	
Any other white background: (Please give details)	<input type="checkbox"/>	
Asian or Asian British (Please tick)		
Indian	<input type="checkbox"/>	
Pakistani	<input type="checkbox"/>	
Bangladeshi	<input type="checkbox"/>	
Any other Asian background: (Please give details)	<input type="checkbox"/>	
Black or Black British (Please tick)		
Caribbean	<input type="checkbox"/>	
African	<input type="checkbox"/>	
Any other Black background: (Please give details)	<input type="checkbox"/>	
Mixed (Please tick)		
White and black Caribbean	<input type="checkbox"/>	
White and black African	<input type="checkbox"/>	
White and Asian	<input type="checkbox"/>	
Any other mixed background: (Please give details)	<input type="checkbox"/>	

Any other ethnic background (Please give details)

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Disability

Applicants who declare they have a disability (as defined by the Equality Act 2010) and who meet all the job criteria will be offered an interview.

The Equality Act definition of a disability is a physical or mental impairment that has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities.

I have a disability (please tick)	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Please disclose the nature of your disability:

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Please detail below what adjustments we need to make for you, if you are short listed to attend an interview:

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Data Protection

We will process and store all data in compliance with the Data Protection Act 1998 and our Data Protection Policy. Please tick the box below to give your consent that the information you have given on this form, may be processed and stored in this way.

I consent to the information I have given being stored and processed as described above.

Name:	<input type="text"/>	Date:	<input type="text"/>
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