**Rozey Days Montessori School**

**APPLICATION FORM**

Please complete this form legibly and return it on or before the closing date specified in the advertisement. ONLY INFORMATION PROVIDED ON THIS APPLICATION FORM WILL BE CONSIDERED. Curriculum vitae will not be accepted.

Please outline clearly how your qualifications and experience.

All information given will be treated with the strictest confidence.

Continuation sheets may be added if necessary, but please name them. This application form will form the basis of any contract of employment.

Rozey Days Montessori will seek to ensure that all existing and potential employees are given equal opportunities. Rozey Days Montessori is committed to the elimination of unlawful or unfair discrimination and will seek to ensure that no applicant for employment is disadvantaged by conditions or requirements that cannot be justified.

#### VACANCY DETAILS

#### Position applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about this vacancy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **PERSONAL DETAILS**

|  |  |
| --- | --- |
| Surname: | Telephone number (Home): |
| Forename(s): | Telephone number (Mobile): |
| Dr/Mr/Mrs/Ms: | Telephone number (Work): |
| Address: | Email address: |
| Postcode: |  |

ELIGIBILITY TO WORK IN THE UK

Do you have permission to work in the UK? Yes No

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

National Insurance number

1. **EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School/College/ University/ Awarding Body | Type of School/ Establishment  (secondary, sixth form, university) | Qualifications  (If shortlisted you will be required to provide proof of any relevant qualifications) | Grade/ Level |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please continue on a separate sheet if required.

1. **OTHER TRAINING/SHORT COURSES**

|  |  |
| --- | --- |
| Dates | Course title and duration |
|  |  |

1. **MEMBERSHIP OF PROFESSIONAL ORGANISATIONS**

|  |  |  |
| --- | --- | --- |
| Date Joined | Institute/ Organisation | Grade Of Membership (Where appropriate) |
|  |  |  |

1. **EMPLOYMENT RECORD** (Please list chronologically, starting with current or last employer. Please explain any gaps.)

|  |  |  |  |
| --- | --- | --- | --- |
| Employers name and  address (most recent first) | Job title and brief description of duties | Date  from/to | Reason for leaving |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please continue on a separate sheet if required.

1. **REFEREES**

Please give the names and addresses of two referees to whom confidential enquires may be made – one of whom must be your current employer (or if not currently employed, your last employer). If you have been with your employer for less than 3 years, you should also give your previous employer as a referee.

|  |  |
| --- | --- |
| Name: | Name: |
| Position: | Position: |
| Company: | Company: |
| Address:  Telephone No.: | Address:  Telephone No.: |
| Email address: | Email address: |
| Capacity in which known to you: | Capacity in which known to you: |
| May we contact this referee  (please delete as appropriate)  Yes No | May we contact this referee  (please delete as appropriate)  Yes No |

If you are selected for interview, we will contact your referees. If you do not wish us to contact one or both referees before the interview, please specify.

Information to be sought from your referees will (as appropriate) include the length of time they have known you, your duties, and reasons for leaving, the number of days of sickness absence (not reasons), details of any disciplinary action, your skills/abilities, work relationships and attitudes, strengths and areas for development and your suitability for access to children.

1. **REHABILITION OF OFFENDERS ACT 1974 (as amended)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Have you ever been convicted of a criminal offence ? If yes, you need to supply details (in a separate letter attached to this form) | YES | NO |
| If yes to question 1, please supply details of all convictions whether spent or not (in a separate letter attached to this form). Rozey Days Montessori is entitled to check this with the Disclosure & Baring Service. | | | |
| 2 | Has anyone in your household been convicted of a criminal offence? If yes, you need to supply details (in a separate letter attached to this form) | YES | NO |

1. **SAFEGUARDING**

Rozey days Montessori is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. All staff will be subjected to the enhanced Disclosure and Barring Service (DBS) checks. This check will be enhanced to include Children's Barred List. Anyone applying for a job with children, who appear on this list, must be reported to the authorities.

1. **Disability Discrimination**

Rozey Days Montessori is positive about disability and encourages applications from disabled people.

If you consider that the provisions of the Disability Discrimination Act 1995 apply to you, please tick the box

If you require assistance at any stage of the process please contact Rozey Days Montessori, or provide details

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1. **DATA PROTECTION LEGISLATION**

The information you have provided will be held in compliance with the Data Protection Act 1998**.** You are deemed to have given consent for Rozey Days Montessori to seek verification of any information you have given in this application.

1. **VERIFICATION OF INFORMATION**

|  |
| --- |
| I declare that the information I have provided on this application form is full, accurate and complete. I understand that if I provide false information, or fail to provide full, complete, and accurate information, this may lead to the decision that my application cannot be considered any further, the withdrawal of the offer of appointment, or to my dismissal, if I have been appointed. Any offer of employment is subject to receipt of satisfactory references, Criminal Records Bureau checks and medical assessment, where applicable.  Signature: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |

Please return this application form to:

Stephanie Dixon

areamanager@rozeydays.com

Thank you for your application.