



## CONFIDENTIAL

<b>Name:</b>	
<b>Position applied for:</b>	
<b>Date:</b>	
<b>Advertisement seen in:</b>	

It is the responsibility of all candidates to familiarise themselves with the School's Safer Recruitment Policy, Code of Conduct for Staff Policy and the School's Child Protection Policy.

The School is legally required to carry out a number of pre-appointment checks which are

**PERSONAL**

**Surname**

**Forenames**

## DETAILS OF ONLINE PROFILE

*Keeping Children Safe in Education (KCSIE)* asks schools to carry out online searches as part of the process of assessing suitability.

You (and all other candidates) are therefore required to provide the following information as part of your application:

- the social media platforms on which you have accounts;
- the account names/handles for all of your social media accounts, including any under a nickname or pseudonym;
- any websites you are involved with, in or featured on or named on; and
- any other publicly available online information about you of which the School should be made aware including anything which may cause embarrassment either to you or the School, affect your suitability to work at the School or ability to carry out the role for which you are applying.

If you are offered the role, we may carry out an online search based on the information you provide in this form. If we carry out a search, we will also search more widely for any other online information about you.

You are **not** required to provide account passwords or to grant the School access to private social media accounts.



**EDUCATION AND TRAINING** *(Secondary education onwards)*

Name of School/College	Date From	Date To	Examinations taken (with results)
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**EMPLOYMENT HISTORY**

<b>PRESENT/MOST RECENT EMPLOYMENT</b>			
Name and address of School/College/Organisation	Appointment	Date From	Date To
Summary of current responsibilities (incl. any <i>additional</i> duties/activities performed)			



**PREVIOUS EMPLOYMENT (and / or activities since leaving secondary education)**

(Start with last position and work back through your career)

Employer's name & address	Appointment	Dates	Reason for leaving

**GAPS IN YOUR RECORD** (Start with last position and work back through your career)

## **SUITABILITY**

Please give reasons for applying for this post and say why you believe you are suitable for the position. Study the job description and person specification and describe any experience and skills you have gained in other jobs or other environments which demonstrate your ability and aptitude to undertake the duties of the post. Continue on a separate sheet if necessary.

## **INTERESTS**

Please give details of your interests, hobbies or skills – in particular any which could be of benefit to the School for the purposes of enriching its extra-curricular activity.



## REFERENCES

Please supply the names and contact details of two people who we may contact for references. One of these must be your current or most recent employer. If your current / most recent employment does / did not involve work with children, then your second referee should be from your employer with whom you most recently worked with children. Neither referee should be a relative or someone known to you solely as a friend. The School intends to take up references on all shortlisted candidates before interview. The School reserves the right to take up references from any previous employer.

If the School receives a factual reference i.e. one which contains only limited information about you, additional references may be sought.

If you have previously worked overseas the School may take up references from your overseas employers.

The School may also telephone your referees in order to verify the reference they have provided.

Name: \_\_\_\_\_ Name

Address: \_\_\_\_\_ Address:

Tel: \_\_\_\_\_ Tel:

Email: \_\_\_\_\_ Email:



**DECLARATION** *(please tick as appropriate)*

- I confirm that I am not named on the Children's Barred List or otherwise disqualified from working with children
- I confirm that I am not prohibited from carrying out 'teaching work'  (do not tick this box if the role for which you are applying does not involve 'teaching work')
- I confirm that I am not prohibited from being involved in the management of an independent school  (do not tick this box if the role for which you are applying is not a management role)
- I confirm that, to the best of my knowledge, I am not disqualified from working in early years provision or later years provision with children under the age of eight  (do not tick this box if the role for which you are applying does not involve the provision of 'childcare')
- I confirm that I have provided details of all my online profile (including social media accounts under nicknames and/or pseudonyms) and I have not knowingly withheld any information
- I confirm that, to the best of my knowledge there is nothing published online that would negatively impact on my employment at Merchant Taylors' School
- I confirm that the information I have given on this application form is true and correct to the best of my knowledge
- I understand that providing false information could result in my application being rejected or (if the false or misleading information comes to light after my appointment) summary dismissal and may amount to a criminal offence .
- I consent to the School processing the information given on this form, including any 'sensitive' information, as may be necessary during the recruitment and selection process .
- I consent to the School making direct contact with the people specified as my referees to verify the reference .
- In accordance with DfE guidance any offer of employment will be conditional upon the School verifying the successful applicant's medical fitness for the role. If your application is successful, you will be required to complete a medical questionnaire the responses to which will be assessed by the School Nurse and HR before any offer of employment is confirmed. There may be circumstances when it will be necessary for the School's medical adviser to be given access to your medical records and/or for you to be referred to a specialist clinician .

Signature \_\_\_\_\_ Date \_\_\_\_\_

Where this form is submitted electronically and without signature, electronic receipt of this form by the School will be deemed equivalent to submission of a signed version and will constitute confirmation of the above declaration.