



SACRED HEART CATHOLIC VOLUNTARY ACADEMY
Beacon Road, Loughborough, Leicestershire, LE11 2BG

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Head Teacher: Mrs L Atkins BEd (Hons) MSc

APPLICATION FOR EMPLOYMENT:		INTERNAL USE ONLY
POST:		Reference No <input type="text"/>
How did you hear about this vacancy?		Date Received <input type="text"/>

PERSONAL DETAILS	
Title:	Surname:
Previous Surnames:	All Forenames:
Address:	Date of Birth:
	Home Telephone Number:
	Mobile Number:
	Email address:
	National Insurance Number:
Post Code:	
Can you confirm that you are eligible to work in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, is this eligibility temporary?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PRESENT EMPLOYMENT	
Present Post:	
Date appointed:	Full-time/part-time:
Current salary: £ _____ p.a.	
Name & address of employer:	
Telephone No:	

EDUCATION & TRAINING**Secondary/Further/Higher Education**

Name of School/College/University	From	To	Qualifications gained with date

Other relevant training*(Any recognised qualifications or courses attended which are relevant to the job application)*

Name and address of College/Awarding Body	From	To	Qualifications gained with date

PREVIOUS EMPLOYMENT

Name/Address of Employer	Post held	Full or Part-time	Dates (mm/yy)	
			From	To

CRIMINAL OFFENCES

*You will be required to make an application to the Criminal Records Bureau for disclosure under the provisions of the Police Act (1997). If you are appointed, the Academy will confirm your identity and submit the application to the CRB, paying the necessary fee. The 1997 Police Act allows employers to obtain this information on people who are being considered for appointment to positions involving children, vulnerable adults or other positions of trust. The post you are applying for is subject to an enhanced disclosure and you must provide details of **all** convictions, including those spent under the Rehabilitation of Offenders Act 1974 and Exceptions Order 1975, cautions, reprimands, warnings, investigations or prosecutions pending. Failure to disclose any information required of you may result in disciplinary actions or dismissal from the Academy. You will not be contracted to commence work until the disclosure record has been received and cleared. Any information disclosed will be treated sensitively and in confidence and will only be used in deciding a candidate's suitability for the post applied for.*

From 12th October 2009, a new duty to share information was introduced under the Vetting and Barring Scheme. From that date employers have to notify the ISA of relevant information so that employees who pose a threat to vulnerable groups can be identified and barred from working with these groups. The Academy fully supports the ISA and will notify the Vetting and Barring Scheme if we consider it appropriate.

MEDICAL INFORMATION

If you are a registered disabled person, please give registration number:

If you have suffered from any medical condition which has affected (or might in the future affect) your employment, please give details:

Please give details of any absence through ill health over the past two years

OUTSIDE INTERESTS/ACTIVITIES

REFEREES

References will normally be taken up from your present employer prior to interview

Name:	Name:
Address:	Address:
Tel No and Email:	Tel No and Email:
Status:	Status:

Are you, to your knowledge, related to any employee or governor at the Academy?

Yes

No

NAME:	POSITION:
RELATIONSHIP:	

Providing any misleading or false information to support your application or canvassing governors or staff directly or indirectly will disqualify you from appointment or, if appointed, will render you liable to dismissal without notice.

DECLARATION

I hereby declare that I have understood and complied with the requirements laid down in the previous paragraph and I agree that the information given on this form may be used for registered purposes under the Data Protection Act, 1984. I have also understood and complied with the provision concerning the disclosure of criminal convictions.

SIGNATURE OF APPLICANT: _____ **DATE:** _____