

UNITED LEARNING

We are committed to safeguarding and promoting the welfare of children and young people and expect all staff and volunteers to share this commitment.

Application for the Post of: _____

Personal Details

| | | |
|----------------------------|--------------------------|-----------|
| Surname (BLOCK letters): | | Initials: |
| Home Address: | Email Address: | |
| | Telephone Number (home): | |
| Telephone Number (mobile): | Telephone Number (work): | |

Current Employment

| | |
|---|----------------------------|
| Please give brief details of your present position and duties including title, date when present employment started and principal accountabilities. | |
| Name and Address of Present Employer: | Current Salary: |
| | Length of Notice Required: |

Employment History

Please give details of all the positions you have held since completing your full time education. Start with your most recent position and work back.

| Dates | | Name and address of employer | Position and Duties | Salary | Reason for leaving |
|-------|----|------------------------------|---------------------|--------|--------------------|
| From | To | | | | |
| | | | | | |

Education

| Name of secondary school(s) attended | Examinations taken, results obtained, scholarships and other distinctions | Dates | |
|--------------------------------------|---|-------|----|
| | | From | To |
| | | | |

Further Education

Please attach photocopies of documentary evidence of qualifications.

| Name of College(s) and/or University(ies) attended | Subjects Studied | Examinations taken, results obtained, class of pass, scholarships and other distinctions | Dates | |
|--|------------------|--|-------|----|
| | | | From | To |
| | | | | |

Professional and Vocational Qualifications

Technical, Professional or Occupational training to include relevant training, apprenticeships, articles, evening, full time day and day release courses, correspondence courses, company courses. *Please attach photocopies of documentary evidence of qualifications.*

| Type of Training | Subjects/Skills | College, Firm, Institute | Qualifications gained | Dates | |
|------------------|-----------------|-----------------------------|--------------------------|-------|----|
| | | | | From | To |
| | | | | | |

Personal Statement

Please use the space below to detail the skills and experience that demonstrate your suitability for the role against the criteria detailed in the person specification. Please continue on a separate sheet if necessary.

Referees (These should not be family members)

Please give the names of two persons to whom reference may be made. One of these referees must be your current, or most recent, employer. We will not seek further permission from you to approach your referees unless you indicate otherwise.

| | |
|---------------------|---------------------|
| Name | Name |
| Occupation | Occupation |
| Address | Address |
| | |
| Tel. No | Tel. No |
| Email Address | Email Address |

Personal Relationships

Are you related to, or do you have a close personal relationship with, any existing member of staff or local governing body member within United Learning? Yes No

If yes, please state their name and position

Employee Referral

Have you been referred by a United Learning employee? Yes No

If yes, please state their name, position and school/location

Declaration

I declare that all information provided by me as part of this application is true and complete to the best of my knowledge and belief. I understand that either withholding or giving false information will disqualify my application, or, if discovered after appointment, may be regarded as grounds for dismissal.

I understand that, if offered this post, the appointment will be subject to a DBS check, medical clearance and employment references, all of which are satisfactory to United Learning.

| | |
|-------------------------|-------|
| Signature of Applicant: | Date: |
|-------------------------|-------|

For Internal Use Only

| | | | |
|----------------------|----------|------------------------|-------|
| Shortlisted: | Yes / No | Shortlister Signature: | _____ |
| Selection Date: | _____ | Invitation Sent: | _____ |
| Offered Appointment: | Yes / No | Interviewer Signature: | _____ |