Text

Description automatically generated with medium confidence

**KING EDWARD’S SCHOOL**

Application Form

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| Position applied for:  Director of IT | Closing date:  8.30am on Monday 13 January 2025 |

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| Section 1 – Personal details | | |
| Title:  Dr/Mr/Mrs/Miss/Ms | Forenames: | Surname: |
| Date of birth: | | Former name: |
| Preferred name: |
| Address: | | National Insurance number: |
| Are you currently eligible for employment in the UK?  Yes No |
| Telephone number(s):  Home:  Work:  Mobile:  Email address: | | |
| Are you a parent of a current pupil, related to or maintain a close relationship with an existing employee, volunteer, Governor or Trustee of the School? If so, please provide details. | | |

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| Section 2 – Education  Please start with the most recent | | | | | | | | | | | | | |
| Name of school/college/university | | | | | Dates of attendance | | | | Examinations | | | | |
| Subject | | Result | | Date |
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| To:  dd/mm/yy | | | |
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| Section 3 – Other vocational qualifications, skills or training  Please provide details of any vocational qualifications or skills that you possess or training that you have received which you consider to be relevant to the role for which you have applied. | | | | | | | | | | | | | |
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| Section 4 - Employment | | | | | | | | | | | | | |
| Current/most recent employer: | | | | Current/most recent employer’s address: | | | | | | | | | |
| Current/most recent job title: | | | | | | | | | | Date started: | | | |
| Date employment ended (if applicable): | | | |
| Current salary/salary on leaving (please detail any special/responsibility allowances): | | | | | | | | | | | | | |
| Reason for seeking other employment: | | | | | | | | | | | | | |
| Please state when you would be available to take up employment if offered: | | | | | | | | | | | | | |
| Section 5 - Previous employment and/or activities since leaving secondary education  Please continue on a separate sheet if necessary | | | | | | | | | | | | | |
| Dates | | | Name & address of employer | | | | | | Position held and/or duties | | | Reason for leaving | |
| From: dd/mm/yy | | |  | | | | | |  | | |  | |
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| If there are any gaps in your employment history, eg looking after children, please give details and dates: | | | | | | | | | | | | | |
| Section 6 – Experience and Personal Qualities  Please use this section to outline your previous experience (including hobbies and interests) and personal qualities that make you a suitable candidate for this role, including your reasons for applying for this post. Alternatively, you may wish to submit a covering letter (no more than 1 side of A4). | | | | | | | | | | | | | |
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| Section 7 – Health | | | | | | | | | | | | | |
| The School is committed to being an equal opportunities employer and welcomes applications from disabled candidates. The purpose of the following questions is to ensure that the School complies with its obligations under the Disability Discrimination Act 1995 (as amended) ("the Act"). For the purposes of the Act a disability is defined as a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities.  Do you consider yourself to be disabled? Yes No  If you wish please give further details here:  Are there any special arrangements you might require to attend an interview? Yes No  If yes, please give details here:  If offered the position applied for, (on the basis of the job description provided) are there any arrangements or adjustments that the School would need to make to enable you to carry out the role? Yes No  If yes, please give details here:  In accordance with the guidance published by the DCSF any offer of employment made by the School will be conditional upon the School verifying the successful applicant's medical fitness for the role. Therefore, you will be required to complete a medical questionnaire the responses to which will be assessed by the School's Doctor before any offer of employment is confirmed. There may be circumstances when it will be necessary for the School's Doctor to seek access to your medical records and/or for you to be referred to a specialist clinician. | | | | | | | | | | | | | |
| Section 8 – Criminal records | | | | | | | | | | | | | |
| King Edward’s School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. An offer of employment is conditional upon the School receiving an Enhanced Disclosure from the DBS which the School considers to be satisfactory. If you are successful in your application, you will be required to complete a Disclosure and Barring Service Disclosure Application Form. Any information disclosed will be handled in accordance with the Code of Practice published by the Disclosure and Barring Service.  The post is exempt from the Rehabilitation of Offenders Act 1974. All convictions, cautions and bindovers, including those regarded as ‘spent’ must be declared when applying. The applicant may post such a declaration in an envelope marked ‘Private & confidential for the Bursar’. Applicants with a Criminal record will not necessarily be barred from obtaining this position. | | | | | | | | | | | | | |
| Section 9 - 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. Neither referee should be a relative or someone known to you solely as a friend. | | | | | | | | | | | | | |
| Referee 1 | | | | | | | | Referee 2 | | | | | |
| Name:  Organisation:  Address:  Please indicate in what capacity you know the referee:  Occupation:  Telephone number:  Email:  May we contact prior to interview? Yes No | | | | | | | | Name:  Organisation:  Address:  Please indicate in what capacity you know the referee:  Occupation:  Telephone number:  Email:  May we contact prior to interview? Yes No | | | | | |
| Section 10- Recruitment | | | | | | | | | | | | | |
| It is the School's policy to employ the best qualified personnel and to provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of their race, colour, national or ethnic origin, sex, sexual orientation, marital or civil partnership status, religion or religious belief, disability or age. All new posts within the School are subject to a probationary period.  The School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.  If you are successful in being shortlisted, we will conduct an online search as part of our due diligence checks in the recruitment process.  If your application is successful, the School will retain the information provided in this form (together with any attachments) on your personnel file. If your application is unsuccessful, all documentation relating to your application will normally be confidentially destroyed after six months.  Application forms should be addressed to Mrs Heather Baker, HR Manager King Edward’s School, North Road, Bath, BA2 6HU, [HR@kesbath.com](mailto:HR@kesbath.com) | | | | | | | | | | | | | |
| Section 11 - Declaration | | | | | | | | | | | | | |
| * I confirm that the information I have given on this Application Form is true and correct to the best of my knowledge. * I confirm that I am not on the DBS Children’s Barred List, disqualified from work with children or subject to sanctions imposed by a regulatory body. * I understand that providing false information is an offence which could result in my application being rejected or (if the false information comes to light after my appointment) summary dismissal and may amount to a criminal offence. * I consent to the School making direct contact with the people specified as my referees to verify the reference. * I declare that I know of no reasons, on grounds of mental or physical health, why I should not be able to discharge the responsibilities required by the post in question and I understand that any offer of employment made by the school will be conditional on verification of medical fitness.   Signature ……………………………………………………… Date ……………………..……..  If you are sending this form to us via email then you should note that, in the absence of a signature, the emailing of this application constitutes your personal certification that the details are correct. | | | | | | | | | | | | | |