Application Form

Please complete and return this form addressed for the attention of Mrs K Robinson, PA to the Headteacher email head@srms.kent.sch.uk.

Please complete using black ink or type.

Post Applied for:

This is your opportunity to tell us as much as possible about yourself and will help us make a fair decision in the selection process. Please refer carefully to the information you have been provided for this post.

Please ensure you complete **ALL** sections of the application form. Your application will be treated in the strictest confidence.

Part 1 - Personal Please complete using					
Title:	s black link of type.				
Last Name/Family N	ame:				
Previous Last Name:					
First Name:					
	tion about You dresses for the last five year landlords and/or lettings				
Current Home Address:		Previous Address 1:			
Landlord/Lettings Agent Contact details if applicable:		Landlord/Lettings Agent Contact details if applicable:			
	Contact details if applicable:		Contact details if applicable:		
Landlord/Lettings Agent Dates of Residence: Previous Address 2:	Contact details if applicable:	Dates of Residence: Previous Address 3:	Contact details if applicable:		
Dates of Residence : Previous Address 2:	Contact details if applicable: Contact details if applicable:	Dates of Residence: Previous Address 3:	Contact details if applicable: Contact details if applicable:		
Dates of Residence : Previous Address 2:		Dates of Residence: Previous Address 3: Landlord/Lettings Agent			
Dates of Residence: Previous Address 2: Landlord/Lettings Agent		Dates of Residence: Previous Address 3: Landlord/Lettings Agent Dates of Residence: Alternative Telephone			
Dates of Residence: Previous Address 2: Landlord/Lettings Agent Dates of Residence: Telephone No. Home:		Dates of Residence: Previous Address 3: Landlord/Lettings Agent Dates of Residence:			
Dates of Residence: Previous Address 2: Landlord/Lettings Agent Dates of Residence:		Dates of Residence: Previous Address 3: Landlord/Lettings Agent Dates of Residence: Alternative Telephone			

If a Teacher, have you elected	d to pay Superannuati	on contributions for p	art-time teachi Yes	_	No	
Are you related to any memb	per of the School Gove	rning Body. Current Er				
, c , c a . c . a . c . a ,			Yes			
(if yes please provide details)	:					
Are you aware of any matter,	which might call into	auestion your integrity	v as an emnlov	- AA O	r hrin	g vou/or
SRMS into disrepute?	, willen imgrit can into	question your integrit	Yes		No	
If yes please give brief details	5:					
Da var bava a gurrant III/ dri	iving licenses		Vas		Na	
Do you have a current UK dri	iving licence?		Yes	ш	No	
Do you have any current end	lorsements on your lic	ence?	Yes		No	
If yes, please give brief detail	_					
How did you become aware	of this vacancy?					
Madia	Data	D	-f			
Media: If successful, when could you	Date:	K	eference:			
eferences will be taken up if rocess. Neither of your references		to you, including partr				1100000101
Reference 1 Name:		Reference 2				
Mr/Mrs/Ms/Miss/Dr		Mr/Mrs/Ms/Miss/Di	•			
Address:		Address:				
Tel no.						
		Tel no.				
		Tel no. Email:				
		Tel no.				
Email: Occupation:	FFFRFNCFS					
Email: Occupation: CONSENT TO SEEK RI Due to our Safer Recruitr		Email: Occupation:	before interv	view	for a	all
Email: Occupation: CONSENT TO SEEK RI Due to our Safer Recruitr vacancies if shortlisted.		Email: Occupation:	before interv	view	for a	all
Email: Occupation: CONSENT TO SEEK RI Due to our Safer Recruitr		Email: Occupation: es will be taken up	before interv	view	for a	all

Part 2 - Competency

Education and Training

If invited for interview, original documentation of qualifications must be bought with you, along with an original passport.

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Name of Teacher Training Institute:		
Dates:	From:	То:
Qualification obtained:		
Subjects – Main and Subsidiary		
Age Range/ Key Stage		
Other special interests:		
QTS Reference Number:		

b) Post-18 Education

Name of Institution	Date Attended	Subjects	Qualification achieved (including class of degree)	Date of Award

c) Secondary Education

-,	
Name of School(s) attended and dates:	
GCSE /'O' Levels or equivalent	
Subject	Grade
'A' Levels or equivalent	
Subject	Grade

d) Membership of Professional Organisations and Institutions

Name	Date achieved	Membership status	By examination (Yes/No)

					1
		_			
e) Training an		•			
		courses and training			
Dates and duration		Course/ Training incl. Study and Distance Learning	Name of Provider e.g. LEA, College etc.	Quali	fication obtained (if any)
Employment F					
When giving details o school type i.e. indep	f school em endent, foui	. Any gaps in employme ployment please include ndation, academy, volur t if necessary giving p	e the age range, a ntary aided or mai	pproxima ntained.	ite school roll number and
Employer name:					
Employer address:					
Employer contact (details (nam	e and telephone numb	er):		
Job Title:					
Dates:					
Salary upon leavin	g (and TLR բ	payments):			
Full or Part time:					
Reason for leaving	•				
Employer name:					
Employer address:					
	details (nam	e and telephone numb	er):		
Job Title: Dates:					
Salary upon leavin	g (and TI R r	navments):			
Full or Part time:	g (and thit	bayinenes).			
Reason for leaving	<u>.</u>				
Employer name:					
Employer address:	:				
Employer contact (details (nam	e and telephone numb	er):		
Job Title:					

Dates: Salary upon leaving (and TLR payments):
Salany upon loaving (and TLP nayments):
Salary upon leaving (and 1 LK payments).
Full or Part time:
Reason for leaving:
Employer name:
Employer address:
Employer contact details (name and telephone number):
Job Title:
Dates:
Salary upon leaving (and TLR payments):
Full or Part time:
Reason for leaving:
Other Skills and Interests
or voluntary work experience. (Continue on a separate sheet if necessary giving page number and title heading)

Applicant Statement

In this section you are asked to outline how your knowledge, skills and experiences meet the competencies required for this post, as set out in the job description and person specification. Remember to consider experience in previous employment and relevant experience outside of paid work e.g. that gained at home, through the community or through leisure activities.

(Continue on a separate sheet if necessary giving page number and title heading)

Protection of children				
Disclosure of criminal background is required of those with substantia	al acces	s to chil	dren	
You are required to give details as the post, for which you are applying is exempt from of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offe (Amendment) order 1986. A subsequent offer of appointment will be dependent satisfactory Enhanced Disclosure and Barring Service check.	the provi enders Ac	sions of S t 1974 (E	ection Exception	4(2) ons)
Have you ever been convicted or cautioned of a criminal offence? (If yes please provide details of the Offence, the Sentence and the date)	Yes		No	

Financial Information
Please also provide details of any bankruptcy, CCJs or any other financial settlements with creditors, with dates
and outcomes:
If a non-UK national: Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? Yes No
up employment in the UK? Yes □ No □ If YES, please provide details:
11 125, piedse provide details.
If you are successful in your application, would you require a work permit prior to taking up employment?
Yes □ No □
Data Protection Statement
"I hereby give my consent for SRMS to process and retain on file information (including health and ethnic data)
contained on this form and in accompanying documents. This is required for recruitment purposes, the
payment of staff and the prevention and detection of fraud. All information will be dealt with in accordance
with data protection legislation."
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Declaration
I declare that the information I have given in this application is accurate and true. I understand that by omitting
any material detail or providing misleading or false information will disqualify me from appointment OR, if appointed, may result in my dismissal.
appointed, may result in my dismissal.

Part 3 – Equal Opportunities Monitoring

Protecting your personal information

The information you have provided will be retained and used by SRMS only for the purposes of monitoring the composition of the workforce and the fair application of policies and procedures.

This section of the application is CONFIDENTIAL and will be detached from your application. It is solely for monitoring purposes.

SRMS recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

Ethnic Craun

Ethnic Group						
I would describe mysel	f as (please tick one of the bo	xes below)				
White						
British						
Irish						
Any other White back	ground					
(please specify)						
Mixed						
White and Black Carib	nhean					
White and Black Afric						
White and Asian						
Any other mixed back	kground					
(please specify)						
Asian or Asian British		_				
Indian Pakistani						
Bangladeshi						
Any other Asian back	ground					
(please specify)	giodila					
(рієйзе зреспу)						
Black or Black British						
Caribbean						
African						
Any other Black backs	ground					
(please specify)						
Chinese						
Any other Ethnic Grou	ηp					
(please specify)				- '		
Please specify	D 115 45 40	Male \square	D 46 FF	Female		
Age Range	☐ Up to 19 ☐ 20 – 25		□ 46 – 55 □ 56 – 65			
(Please tick)	□ 20 - 25 □ 26 - 35		☐ 56 – 65 ☐ over 65			
	□ 36 - 45		□ 0/61 03			

If you wish you may disclose information about yourself in this section about your: Religion: Sexual Orientation:

Disability Statement

SRMS aims to be a fair employer and is committed to equal opportunity for disabled people. Applications from disabled people are welcome. If you would like any further assistance or advice about this application we will try to help.

The information you have given will only be shared with the recruiting manager if you are shortlisted. This is to enable appropriate, reasonable accommodations to be made to our selection processes and to provide facilities where necessary.

Please answer the following questions:			
1. Do you consider yourself to be disabled?	Yes	□ No	0 🗆
If YES, do you consider yourself to be disabled under the terms of the Disability Discrimination Act?	Yes	□ No	0 🗆
The Disability Discrimination Act 1995 defines disability as "a physical or ment	al impairmen	t whic	h has a
substantial and long-term adverse effect on an individual's ability to carry out normal day-to-day			
activities."			
2. Is there anything you would particularly like to tell us about your disability?			
3. Do you wish us to try to arrange for any of the following to be available, if yo	ou are called fo	or inter	view?
Please tick:			
☐ Induction loop or other hearing enhancement			
☐ Sign language interpreter (please state type)			
☐ Keyboard for written tests			
☐ Someone with you at the interview (e.g. advocate or facilitator)			
☐ Assistance in and out of vehicle			
☐ Accessible car parking			
☐ Wheelchair access			
☐ Accessible toilet			
Other assistance (please specify):			

The information you have given will be treated as confidential and is necessary to enable us to provide appropriate adjustments and facilities. Thank you for providing this information.