



Founded in 1888

# Queen Elizabeth's Girls' School

*Educating Women of the Future*

## Application Form (for non-teaching posts)

For jobs involving substantial access to children and vulnerable adults which are subject to Disclosure and Barring Service checks.

Vacancy title:	
Closing date:	

Please ensure that all sections are completed (using black ink or type); otherwise your application will not be considered. If you are attaching a C.V. please ensure that it relates to the Person Specification.

*All information that you provide will be treated as confidential*

PLEASE USE BLOCK CAPITALS FOR THIS SECTION	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Please specify Tick as appropriate	
First Names:	
Family/Surname:	
All previous Surnames ( <i>if any</i> ):	
National Insurance Number:	
Home/Contact Address:	
Post Code:	
E-mail:	Day Telephone No:
Mobile:	Evening Telephone No:
May we contact you at work?	
Where did you see this vacancy advertised?	

Please return this form to:	<a href="mailto:vacancies@gegschool.org.uk">vacancies@gegschool.org.uk</a> Queen Elizabeth's Girls' School High Street Barnet EN5 5RR
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## EMPLOYMENT HISTORY

Please list your current and all previous employers. Any gaps in employment must be explained and a continuation sheet used if required.

Employer's name, address and type of business	Job Title Key responsibilities and final salary	Dates of Employment		Reason for Leaving
		From	To	

## OTHER RELEVANT EXPERIENCE

Please give details of any voluntary, unpaid or community work and also any experience/skills acquired outside of employment, including running your home and caring for dependents/family. Your experience should be related to the skills, abilities and knowledge outlined in the Person Specification & Job Description.

Type of experience	Dates

## EDUCATION, QUALIFICATIONS & TRAINING

Please list academic qualifications and give details of any qualifications for which you are currently studying. Include details of any formal and on the job training which may support your application.

Name of school, college, university, etc.	Name of course	Dates		Qualifications/grades achieved
		From	To	

## PROFESSIONAL ASSOCIATION MEMBERSHIP

Name of professional association	Year of membership	Grade/level

## PERSONAL STATEMENT

### Relevant abilities, skills, knowledge & experience.

Tell us how you meet all of the short listing criteria set out in the Person Specification, drawing on all aspects of your education and experience, including paid employment and unpaid work.

If you are attaching continuation sheets tick box

Do you consider yourself to have a disability?      Yes       No   
 If you have any requirements to aid you at interview, please specify (e.g. sign language, braille/taped recruitment literature etc.)

Are you required to have a UK work visa/permit?      Yes       No   
 If yes, do you have a valid visa/permit?      Yes       No   
 If yes, when does it expire?      / /20

Do you have a full current driving licence valid in the UK?      Yes       No

**REFERENCES**

Please give details of two referees to whom confidential enquiries may be made. These should be from your current or most recent employer or your current educational establishment. *References are normally taken up following interview. We reserve the right to contact any of your previous employers.*

Name of referee:	Name of referee:
Job title:	Job title:
Organisation:	Organisation:
Address:	Address:
Telephone:	Telephone:
Email:	Email:
Capacity in which known to you:	Capacity in which known to you:
<i>Please indicate if you do not want your referee to be contacted prior to offer <input type="checkbox"/></i>	<i>Please indicate if you do not want your referee to be contacted prior to offer <input type="checkbox"/></i>

Part 2 Internal Ref . No. \_\_\_\_\_

This section will be separated from Part 1 on receipt. Relevant responses may be verified prior to shortlisting and/or used for administration purposes but will not then be used for selection purposes. If you are called to interview you may be asked about the answers you have given to questions 15 to 19 and question 14 if relevant to the job.

## PERSONAL INFORMATION

<b>1. Surname or family name</b>	
<b>2. All previous surnames</b>	
<b>3. All forenames</b>	
<b>4. Title</b>	
<b>5. Current Address</b>	
<b>6. Postcode</b>	
<b>7. Resident at this address since</b>	
<b>8. Home telephone number</b>	
<b>9. Mobile telephone number</b>	
<b>10. Date of birth</b>	
<b>11. Email address</b>	
<b>12. DfE reference number</b>	
<b>13. National Insurance Number</b>	
<b>14. Do you have a current full driving licence?</b>	Yes      No
<b>15. Have you ever been subject to a child protection investigation by your employer or any other organisation?</b>	Yes      No If YES please state separately under confidential cover the circumstances and the outcome including any orders or conditions. This will not be opened unless you are called to interview.
<b>16. Do you require sponsorship (previously a work permit)?</b>	Yes      No If YES please provide details under separate cover.
<b>17. Are you related to or have a close personal relationship with any pupil, employee, or governor?</b>	Yes      No If YES give details separately under confidential cover. This will not be opened unless you are called to interview.

<b>18. Are there any special arrangements which we can make for you if you are called for an interview and/or work based assessment?</b>	<b>Yes          No</b> <b>If Yes please specify, (e.g. ground floor venue, sign language, interpreter, audiotape etc).</b>
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## DECLARATION

<p>All applications are required to declare personal relationships with existing school employees and school Governors. Canvassing of staff members involved in the selection process directly or indirectly will automatically disqualify the applicant.</p> <p>Are you related to, or a close friend of, any Governor or member of staff employed by QEGS?</p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>If yes, please state their name and your relationship with them:</p> <p>Name:</p> <p>Relationship:</p>	<p>Any financial interests that applicants may have in contracts with the school or pending school tenders must be declared.</p> <p>Are you or any of your relatives' party to an existing school contract or involved in any competitive tendering process?</p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>If yes, specify the contract details.</p>
<p>I certify that, to the best of my knowledge, the information I have provided on this form, and on my completed declaration of criminal offences form, is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may render me liable to dismissal without notice. I give explicit consent that the information provided by me on this form may be processed in accordance with the School's registration under the 1998 Data Protection Act and authorise the disclosure of personal data when references are taken up.</p>	
Signed:	Date:
Print Name:	

# DECLARATION OF CRIMINAL OFFENCES

## For jobs involving substantial access to children, vulnerable adults and positions of trust which are subject to Disclosure and Barring Service Check.

The post for which you have applied is considered exempt under the provisions of The Rehabilitation of Offenders Act 1974. You must therefore inform us of ALL offences, convictions, cautions, and bindovers or of any court cases that you have pending.

**ALL** convictions must be declared and can never be considered "spent".

## EXEMPTIONS

### 1. WORK INVOLVING ACCESS TO CHILDREN

a) Any post whose normal duties involve carrying out work of any sort in the following establishments:

- A care or residential home exclusively or mainly for children
- An educational institution (school, college, nursery)
- A children's home

b) A position whose normal duties include caring for, training, supervising or being in sole charge of children (social workers, teachers, youth workers, leisure and recreation posts, care staff, staff responsible for accommodation).

c) Day care premises during periods when children are present.

d) A position whose normal duties involve unsupervised contact with children under arrangements made by a parent/guardian.

e) A supervisor or manager of an individual in categories a-d.

f) Senior posts responsible for education or social care functions of a local authority e.g. a Chief Education Officer.

### 2. WORK INVOLVING ACCESS TO VULNERABLE ADULTS

**Any** employment concerned with the provision of care services to vulnerable adults which enables the employee access to vulnerable adults in the course of normal duties.

A person aged 18 or over is considered vulnerable if she/he has any or a combination of the following factors:

- a substantial learning or physical disability
- a physical or mental illness, chronic or otherwise
- an addiction to alcohol or drugs
- a significant reduction in physical or mental capacity

Your application will not be considered without completion of this form.

## DECLARATION OF CRIMINAL OFFENCES

Please list all your cautions and criminal offences. You should include any pending convictions and indicate that they are pending in the column "Place and date of judgement(s)".  
If you have no convictions please write "NONE" and sign the form.

Nature of Offence(s)	Details of offence(s)	Place and date of judgement(s)	Sentence(s)
<p>All information given will be treated in the strictest confidence and will be used for this job application only.</p> <p>I certify that, to the best of my knowledge, the information on this form is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may render me liable to instant dismissal without notice.</p>			
Signed:  Name:		Date: (dd/mm/yyyy)	

**PLEASE NOTE THAT, AS PART OF THE PRE-EMPLOYMENT PROCESS, WE WILL UNDERTAKE A SOCIAL MEDIA CHECK. YOU WILL RECEIVE AN EMAIL ASKING FOR YOUR CONSENT TO DO SO.**

# DIVERSITY AND MONITORING FORM

The school aims to have a workforce that reflects the diversity of talent, experiences and skills of our communities. We monitor the composition of our workforce to ensure that it is representative and that all staff are treated fairly. In addition, we are committed to promoting race equality, under the Race Relations (Amendment) Act 2000, which applies to everything the school does. The information you give on this form will remain strictly confidential, in accordance with the Data Protection Act 1998, and will not affect any decision to employ you.

Name:	Post applied for:
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Are you applying on a job share basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you applying with a job share partner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you currently work for Barnet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, what is your Payroll number		
Advertising: Where did you see this job advertised?		

Age: Under 20  20-29  30-39  40-49  50-59  60 and over

## Disability:

The Disability Discrimination Act 1995 defines a disability as 'A physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'. In this definition, long term is taken to mean more than 12 months and would cover long term illness such as cancer and HIV or mental health problems.

**Do you consider that you have a disability under the Disability Discrimination Act definition?**

Yes  No

If you have answered 'Yes', please select the definition/s from the list below that best describes your disability/disabilities:

<b>Hearing</b> (such as: deaf, partially deaf or hard of hearing) <input type="checkbox"/>	<b>Reduced physical capacity</b> (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath, energy or stamina, asthma, angina or diabetes. <input type="checkbox"/>
<b>Vision</b> (such as blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glasses/contact lenses) <input type="checkbox"/>	<b>Severe disfigurement</b> <input type="checkbox"/>
<b>Speech</b> (such as impairments that can cause communication problems ) <input type="checkbox"/>	<b>Learning difficulties</b> (such as dyslexia) <input type="checkbox"/>
<b>Mobility</b> (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis) <input type="checkbox"/>	<b>Mental illness</b> (substantial and lasting more than a year, such as severe depression or psychoses) <input type="checkbox"/>
<b>Physical co-ordination</b> (such as manual dexterity, muscular control, cerebral palsy) <input type="checkbox"/>	<b>Other disability</b> <i>Please specify</i>

