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 Addre	Email Address:			
	Telephone	Number (home):			
Telephone Number (mobile):	Telephone	Telephone Number (work):			
DCSF (DfES) Reference Number:	Qualified Teacher Status	Yes	No		
Current Employment					
Please give brief details of your prestarted and principal accountabilities		ng title, date when present	employment		
Name and Address of Present Emp	loyer:	Current Salary:			
		Length of Notice Red	quired:		



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.

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



Education

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

Further Education

Please attach photocopies of documentary evidence of qualifications.

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



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,	Qualifications	D	Dates	
		Institute	gained	From	То	
			_			





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 Relationsh	nips						
Are you related to, or do existing member of staff Learning?			•	Yes		No	
If yes, please state their	name and position						
Employee Referral							
Have you been referred	by a United Learning	g employe	e?	Yes		No	
If yes, please state their school/location	name, position and						
Declaration							
I declare that all informa knowledge and belief. application, or, if discove	I understand that	either wit	thholding or giving f	alse inform	ation wil		
I understand that, if offe employment references,	•		· · · · · · · · · · · · · · · · · · ·	a DBS Chec	k, medica	l clear	ance and
Signature of Applicant:					Date:		
For Internal Use Only							
Shortlisted:	Yes / No	Shortli	ster Signature:				
Selection Date:		Invitat	ion Sent:				
Offered Appointment:	Yes / No	Intervi	ewer Signature:				

