APPLICATION FORM FOR ADMINISTRATION/SUPPORT POST

OXTED SCHOOL
SURREY COUNTY COUNCIL

PLEASE ENSURE THAT YOU GIVE ALL THE INFORMATION REQUESTED

POST APPLIED FOR:	**SENIOR ICT TECHNICIAN** Maternity Cover	**OFFICE USE ONLY** Application Reference Number:

Personal Details *(please use block capitals)*

Surname: (Title: Dr / Mr / Mrs / Miss / Ms)

Forenames:

Previous Names:

Address:

Post Code:

Date of Birth:

National Insurance Number:

Are you subject to any immigration controls? YES / NO

Home Telephone number: Mobile number:

Work telephone number:

Email address:

Where did you hear about this vacancy?

Present Appointment (*or most recent*)

Post held: Date appointed:
Date of leaving (if appropriate):

Name and Address of Employer: Reason for leaving:

Salary:

Date when you would be free to start if appointed:

Education and Academic Qualifications

School/College/University	From	To	Subjects	Qualifications	Level of pass
Secondary					
Higher Education					
Further Qualifications					

Previous Appointments *(please start with most recent)*

Title of post and name of Employer	Status		SALARY	Period of Service	
	F/T	P/T		From	To

Professional Development
(please give details of courses relevant to this application and indicate any awards earned)

Course Title	Provider	Duration	Dates	Awards (if any)

Periods of unpaid activities

Please give particulars of all periods not spent in full-time study or paid employment including, if applicable, the balance of part-time study, part-time teaching service, or other part-time paid employment i.e raising a family	**From**	**To**

References

The first referee should be your present or most recent employer.

I. Name

Position

Address

Telephone No: Fax No: Email Address:

In what capacity do you know the above?

II. Name

Position

Address

Telephone No: Fax No: Email Address:

In what capacity do you know the above?

May we take up references prior to interview? **YES / NO**
No appointment can be made without a reference

Interests *(both professional and leisure)*

Criminal Offences

Appointments which will involve substantial access to children are exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974. Where this is the case you will be advised, if you are selected for appointment, that you will be required to declare any convictions and to agree to a check being made into the existence and content of any possible criminal record held by the police.

Give details, if applicable, in a separate, sealed envelope.

Do you have any unspent convictions? YES/NO

Health Related Issues

Appointment to this post will be subject to medical clearance.

Do you have a health problem that is relevant to your application? YES/NO
If yes, please detail on a separate sheet.

Please give the number of days' sickness absence in the last two years. ☐

Declaration

I declare that the information I have given on this form is correct and I understand that failure to complete the form fully and accurately could result in an incorrect assessment of salary, and/or exclusion from shortlisting, or may, in the event of employment, result in disciplinary action or dismissal.

Signature: Date:

Supporting statement

Please provide a separate supporting statement in which you outline your suitability for the post.