**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Surname | Forename(s) |
| Title (e.g. Mr/Mrs/Miss/Ms/Dr) | Preferred first name |
| Date of birth | Any previous surnames |
| Place of birth | Nationality |
| Do you possess residential status under Jersey Housing Law? **Y / N**If ‘yes’, how did you obtain this? | How long have you been continuously resident in the Island immediately prior to this application? |
| Address(es) |
| Home Telephone Number | Work Telephone NumberMobile Telephone Number | Where you saw the advertisement. | Email Address |

**EDUCATION**

|  |
| --- |
| Secondary School(s) attended with datesSubjects and grades achieved |

**HIGHER EDUCATION/ACCREDITED PROFESSIONAL TRAINING**

|  |  |
| --- | --- |
| Name of University/College/Department |  |
| Exact dates of course |  |
| Subject(s) studied |  |
| Type of course (e.g. KSI, KSII, Secondary) |  |
| Degree(s)/Diploma/Certificate obtained |  |
| Name of University/College/Department |  |
| Exact dates of course |  |
| Subject(s) studied |  |
| Type of course (e.g. KSI, KSII, Secondary) |  |
| Degree(s)/Diploma/Certificate obtained |  |
| Name of University/College/Department |  |
| Exact dates of course |  |
| Subject(s) studied |  |
| Type of course (e.g. KSI, KSII, Secondary) |  |
| Degree(s)/Diploma/Certificate obtained |  |

|  |  |  |
| --- | --- | --- |
| DfEE registration | Date: | Ref no: |

**FURTHER PROFESSIONAL TRAINING**

|  |
| --- |
| Please give details of any further training you have undertaken that is of a substantial nature. Please continue on a separate sheet if necessary. |

**PREVIOUS EMPLOYMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| LEA and school OR | Post held | FT/PT | Period of employment |
| Name and address of employer |  |  | From | To | Reason for Leaving |
|  |  |  |  |  |  |

**PRESENT EMPLOYMENT**

|  |
| --- |
| Name of school and roll |
| Local Education Authority |
| Post held - give precise details |
| Date of appointment | Notice period |

**CONVICTIONS**

|  |
| --- |
| Please give details of any criminal convictions. If you have no convictions, please write ‘NONE’. You are advised that information regarding convictions will not necessarily disqualify you from consideration. (A full Police Check will be carried out before appointment to the school.) The position you have applied for is exempt from the provisions of the Rehabilitation of Offenders (Jersey) Law 2001, therefore all convictions/sanctions must be disclosed, including any which are deemed ‘spent’ under the law. All information will be treated in strict confidence. |

**REFEREES**

|  |
| --- |
| Names and addresses of two persons to whom reference may be made, one of whom must be able to comment on your most recent employment. References will be taken before the interviews take place. |
| Name of referee | 1. |
| Referee address |  |
| Telephone number |  |
| Email Address |  |

|  |  |
| --- | --- |
| Name of referee | 2. |
| Referee address |  |
| Telephone number |  |
| Email Address |  |

**MEDICAL DECLARATION**

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| --- |
| 1. Are you in good health at present? …………………………………………………
2. Are you, at present attending the doctor for any reason? ………………………………………………………………

(If yes, give details) ………………………………………………………………………………………………………….……………………………………………………………………………………………………………….…………………5. Have you attended the doctor, or had any treatment, over the past 5 years? …………………….…………………. (If yes, give details) ……………………………………………………………………………………..………………… ……………………………………………………………………………………………………………...………………… ……………………………………………………………………………………………………………….……………6. How many working days have you missed through sickness in the last 12 months? ………….…………………7. Do you have any condition that may affect your ability to carry out your duties? YES / NO8. Have you ever suffered from any nervous or similar illness and, if so, at what age? …….……..………………… (Give details) ……………………………………………………………………………………………...………………… ....…………………………………………………………………………………………………………...………………… ……………………………………………………………………………………………………………...…………………9. Have you ever suffered from tuberculosis, epileptic or other fits? ………………………………….………………… ……………………………………………………………………………………………………………...………………… ……………………………………………………………………………………………………………...…………………10. Do you have any treatment prescribed regularly by your doctor? ………………………………….…………………(Give details) ……………………………………………………………………………………………...………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………….…………………11. We may contact your GP in connection with your application to request a Certificate of Medical Fitness. Please give details of your GP below. GP's Name: ……………………………………………………………………………………………..………………… Address/Tel No: …………………………………………………………………………………………..………………..  ....…………………………………………………………………………………………………………...………………… ……………………………………………………………………………………………………………...………………… |

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| --- |
| I expressly give the Headmaster of St Michael’s School permission to contact my GP in connection with question 10 of the medical form to obtain a Certificate of Medical Fitness. I hereby declare that the details shown are correct and complete. I understand that enquiries may be made to verify these details. I also understand that any false statements or the withholding of any relevant information may provide grounds for rejection of my application at any stage of the appointment. I declare that there is no reason why I should not be employed at St Michael’s School due to Child Protection or other issues/convictions/investigations. |
| Applicant’s signature | Date |
| **Please return to:**The HeadmasterSt Michael’s SchoolLa Rue de la HouguetteSt Saviour, Jersey JE2 7UGTelephone 01534 856904 |