**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 |
| Residential and Employment Status   (please tick one)* Entitled
* Entitled to work
* Licenced
* Registered.
* None of the above
 |  | How long have you been continuously resident in the Island immediately prior to this application?(years and months) |
| Address(es) |
| Home Telephone Number | Work Telephone NumberMobile Telephone Number | Email Address |

**EDUCATION**

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

**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. |

**PRESENT EMPLOYMENT**

|  |
| --- |
| Name of employer |
| Current Annual Gross Salary |
| Post held - give precise details |
| Date of appointment | Notice period |

**PREVIOUS EMPLOYMENT**

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

**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 may 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 |  |

|  |
| --- |
| Name: ………………………………………………………………………………………………………….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: …………………………………………………………………………………………..………………..  ....…………………………………………………………………………………………………………...………………… ……………………………………………………………………………………………………………...………………… |

**MEDICAL FORM**

**DECLARATION**

|  |
| --- |
| 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 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 |