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(please complete form in all caps with black ink)

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 Number	Mobile Telephone Number	Email Address

EDUCATION

Secondary School(s) attended with dates
A Level subjects 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:
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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 Name and address of employer	Post held	FT/PT	Period of employment		
			From	To	Reason for Leaving

PRESENT EMPLOYMENT

Name of school and roll	
Current Annual Gross Salary	
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.

AREAS OUTSIDE THE CLASSROOM TO WHICH YOU WOULD LIKE TO CONTRIBUTE

INTERESTS/HOBBIES

DETAILS OF SPECIAL AREAS OF TEACHING INTEREST

QUALIFICATIONS AND EXPERIENCE SPECIFICALLY RELATED TO THIS APPLICATION

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	

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 / NO

8. 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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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 Headmaster
St Michael's School
La Rue de la Houquette
St Saviour, Jersey JE2 7UG
Telephone 01534 856904
Facsimile 01534 856620