



**Stretford**  
Grammar School  
*Aspirat primo fortuna labori*

Granby Road, Stretford, Manchester

Tel: 0161 865 2293

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[www.stretfordgrammar.com](http://www.stretfordgrammar.com)

## APPLICATION FORM

Name:

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Application for appointment to the Post of:

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Please complete this application form without changing the format, font or fields



Post of:

### Personal Information

Surname:		Forename(s):	
Previous name(s) if applicable:		Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other (please state):	
Address:			
E-mail:		Post Code:	
Mobile Tel. No:	Main no. <input type="checkbox"/>	Home Tel. No:	Main no. <input type="checkbox"/>
Date of birth:		National Insurance No:	
Do you wish to job-share?			Yes: <input type="checkbox"/>
			No: <input type="checkbox"/>
Will you need a work permit for this post?			Yes: <input type="checkbox"/>
			No: <input type="checkbox"/>

### Current Employment

Name of Employer:		Full Time: <input type="checkbox"/>
		Part Time: <input type="checkbox"/>
Address:		
Post Code:		
Date of Appointment:	Post Title:	
Summary of main duties:		
Current Salary:	Date of Leaving (if applicable):	
Period of Notice:	Reason for Leaving (if applicable):	
Do you have any employment which will continue if you are appointed?		Yes <input type="checkbox"/>
		No <input type="checkbox"/>
Please provide details if yes:		





**Professional Membership**

Professional Body	Type of Membership	Date Admitted	Expiry Date

**Health and Voluntary Retirement**

Have you been granted early or ill health retirement or taken voluntary redundancy from any Local Government employer?	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
If yes, did you receive any enhancement?	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Please give details and a brief declaration about your current state of health. Please detail anything which may prevent you from carrying out the duties of this post.	

## Disclosure of Criminal Background

### Information requested under the rehabilitation of the Offenders Act 1974 (Exceptions) Order 1975

Normally, under the above act, some criminal convictions do not have to be disclosed after a period of time they become 'spent'. This does NOT apply to posts which are involved with vulnerable groups (e.g. children, elderly people, etc.).

Due to the nature of the work for which you are applying, this post is made exempt from these rules by the above Order. This means that you MUST answer the following questions about current and ALL previous criminal convictions. Any information will be treated with the strictest confidence, and you will be considered only in relation to this application. Disclosure of a criminal record will not exclude you from the appointment unless the School considers that the conviction renders you unsuitable.

Failure to disclose this information could lead to your application being rejected, or if you were appointed, to dismissal if it is subsequently learnt that you have a criminal conviction.

Have you ever been cautioned or convicted of any criminal offence:

Yes:

No:

If yes, please give details of the caution(s) and dates.

Have you ever been charged with any offence which has not yet been brought to trial?

Yes:

No:

If yes, please give details below of the charge and the date of the hearing if known.

If you are ultimately offered the position, we will carry out an independent check through the Disclosure and Barring Service.

I confirm that the information given above is correct and I understand that a failure to disclose any convictions may lead to my dismissal.

Signed

Date

## References

Please give the names and addresses of two persons (stating profession or status, etc.) willing to act as referees, if required. One of these **must** be your present or most recent employer. Referees should not be a relative or a member of the Governing Body.

### Reference 1

Name:		Relationship to you:	
Job Title:		Company/Organisation:	
Address:			
Post Code:			
Telephone No.:		E-mail:	

Can we take up a reference at this stage?

Yes:

No:

### Reference 2

Name:		Relationship to you:	
Job Title:		Company/Organisation:	
Address:			
Post Code:			
Telephone No.:		E-mail:	

Can we take up a reference at this stage?

Yes:

No:

## Interview Arrangements

If you are a disabled person, are there any arrangements which we can make for you if you are called for interview and / or work-based exercise?

Yes:

No:

If Yes, please specify (e.g. sign language interpreter, audio tape, etc.)

## Declaration

I confirm to the best of my knowledge that the information given on this form is accurate and that I have not omitted any facts which may have a bearing on my application for employment.

Please note that a 6-month probationary period applies to all employees of the school, regardless of previous government service.

Canvassing of Governors or employees of Stretford Grammar School, directly or indirectly, for any appointment will disqualify your application.

All information contained in this form will be treated as strictly confidential. By supplying information, you will also be indicating your consent to the information being processed for all employment purposes as defined in the Data Protection Act 1998, and any verification checks which may be made. It will be copied for use during the recruitment process once the recruitment process is completed, the data will be stored for a maximum of six months, then destroyed.

If you are a successful candidate, your application form will be used as part of your personnel record.

## Warning

Any person appointed by the School having given false information will be liable to summary dismissal.

It is an offence to apply for the role if an applicant is barred from engaging in regulated activity relevant to children (where the role involves this type of regulated activity).

Please click [here](#) to view the link to our Child protection Policy and Safeguarding policy.

Signed

Date