

PLEASE LIST YOUR EMPLOYMENT HISTORY (USE OVERLEAF IF NECESSARY):

NAME AND ADDRESS OF EMPLOYER	POSITION HELD	DATES EMPLOYED	REASON FOR LEAVING

PLEASE EXPLAIN ANY GAPS IN YOUR EDUCATION AND EMPLOYMENT HISTORY:

CURRENT OR SALARY ON LEAVING YOUR LAST EMPLOYMENT £

INTERESTS OR SKILLS

BRIEFLY DESCRIBE YOUR INTEREST/EXPERIENCE IN WORKING WITH CHILDREN AND YOUNG ADULTS WITH LEARNING AND OTHER DISABILITIES:

HAVE YOU ANY EXPERIENCE IN CURATIVE EDUCATION OR RUDOLF STEINER METHODS?

WHY DO YOU THINK YOU WILL BE SUITABLE FOR THIS POST?

The information you provide in this section will be used in assessing your application. Please use the space below to state how your skills, experience and training enables you to meet the requirements of the post that you are applying for. You are invited to tell us more about your interests or other community or voluntary responsibilities, pastimes etc.

[Empty response area for the applicant to provide details on their suitability for the post.]

DO YOU HAVE A DISABILITY AS DEFINED BY THE DISABILITY DISCRIMINATION ACT? YES/NO
IF YES, IS THERE ANYTHING WE NEED TO KNOW ABOUT YOUR DISABILITY IN ORDER TO OFFER
YOU A FAIR SELECTION OPPORTUNITY?

PLEASE PROVIDE THE NAMES AND CONTACT DETAILS INCLUDING TELEPHONE NUMBERS OF TWO PROFESSIONAL REFEREES, ONE OF WHOM IS YOUR CURRENT OR MOST RECENT EMPLOYER. WE WILL ONLY ASK FOR WRITTEN REFERENCES FROM APPLICANTS WHO ARE SHORTLISTED FOR INTERVIEW. THE SHEILING SCHOOL WILL MAKE DIRECT CONTACT WITH THE REFEREES OF SUCCESSFUL APPLICANTS.

REFEREE 1

REFEREE 2

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All posts involving direct contact with vulnerable children are exempt from the Rehabilitation of Offenders Act. Applicants are required to disclose all convictions including those that are 'spent'.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE OTHER THAN A DRIVING OFFENCE? YES/NO

If you have answered 'Yes', you need to supply details of all convictions in a sealed envelope marked 'Confidential' and attached to this form. This information will be checked against information from the Criminal Records Bureau.

PLEASE SIGN AND DATE THIS FORM AND RETURN TO:

**THE SHEILING SCHOOL
MANAGEMENT GROUP
HORTON ROAD
ASHLEY, RINGWOOD, HANTS.
BH24 2EB**

I CONFIRM THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE, AND I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS SUBJECT TO A.) REFERENCES WHICH ARE SATISFACTORY TO THE SCHOOL, B.) A SATISFACTORY CRIMINAL RECORD CHECK, C.) THE ENTRIES ON THIS FORM PROVING TO BE COMPLETE AND ACCURATE, AND D.) A SATISFACTORY MEDICAL REPORT IF APPROPRIATE.

Signed

Date

THE SHEILING TRUST

EQUAL OPPORTUNITIES MONITORING FORM

In accordance with its equal opportunities statement, the Sheiling Trust will provide equal opportunities to all employees and job applicants and will not discriminate either directly or indirectly on the grounds of race, colour, ethnic origin, nationality, national origin, sex, marital or civil partnership status, disability, sexual orientation, gender reassignment, religion or age.

In order to enable the Sheiling Trust to ensure compliance with its policy statement, a system of monitoring has been set up. We have only asked for your name so that monitoring can take place both at the shortlisting for interview stage and at the appointment stage. Once an appointment has been made, the data given on this form will be stored on computer in an anonymised format and the form will then be destroyed.

You may, of course, decide not to answer one or any of these questions but if you do respond, all information provided will be treated in confidence and will be used solely by the Management for the purpose of providing statistics for equal opportunities monitoring. The monitoring form does not form part of your application and will therefore be detached from it on receipt and stored separately. You can always mail this form separately if you wish.

Thank you for your assistance in completing this form.

Name:	
Post title:	
Gender:	Male
	Female
	Prefer not to say
Marital status:	Married
	Single
	In a civil partnership
	Other (please specify)
	Prefer not to say
Age band:	Under 18
	18 – 29
	30 – 39
	40 – 49
	50 – 59
	60 – 65
	Over 65
	Prefer not to say
Sexual orientation:	Heterosexual
	Homosexual
	Bisexual
	Transsexual
	Undergone gender reassignment
	Prefer not to say
Disabilities as defined by the	None

Disability Discrimination Act (see below)	Physical disability	
	Mental disability	
	Prefer not to say	
Race/nationality/ethnic origin:	White	English
		Scottish
		Welsh
		Irish
		British
		Other white background (please specify)
	Mixed	White and Black Caribbean
		White and Black African
		White and Black British
		White and Asian
		Other mixed background (please specify)
	Asian	Indian
		Pakistani
		Bangladeshi
		British
		Other Asian background (please specify)
	Black	Caribbean
		African
		British
		Other black background (please specify)
	Chinese	
Other ethnic group (please specify)		
Prefer not to say		
Religion:	Christian	
	Jewish	
	Sikh	
	Muslim	
	Hindu	
	Buddhist	
	Rastafarian	
	None	
	Other religion (please specify)	
Prefer not to say		

For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to the Company processing the data supplied on this form for the purpose of equal opportunities monitoring.

Note: A disability is 'a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities.'

THE SHEILING TRUST

PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

1. Personal details:

Post applied for:Activity

Surname:Forename(s):

Date of Birth:Telephone:

Address:

Name and address of GP:.....

.....

2. Occupational history:

Has your employment ever been terminated on the grounds of ill health?

yes no

Approximately how many days'/weeks' sickness absence did you have in the last twelve months?:.....

3. Medical history:

What is your height?:

What is your weight?:

What is your weekly consumption of alcohol?:.....

Do you smoke?:

Are you currently taking prescribed medicine?:.....

Are you currently under the care of a doctor or other medical professional?:

Are you currently suffering from or have suffered from any of the illnesses listed below?:

Heart trouble

yes no

Lung disease

yes no

Stomach/bowel trouble

yes no

Jaundice/hepatitis

yes no

Joint Problems

yes no

Headaches/migraines

yes no

Diabetes

yes no

Allergies

yes no

Severe stress reaction

yes no

Serious accident

yes no

High blood pressure

yes no

Asthma

yes no

Hernia or rupture

yes no

Kidney/bladder disorder

yes no

Back/neck problems

yes no

Fits/blackouts/epilepsy

yes no

Depression/anxiety

yes no

Hearing/sight problems

yes no

Skin problems

yes no

Surgical operations

yes no

Mobility problems

yes no

If you have answered “yes” to any questions in section 2 or 3 - please give details and approximate dates where relevant. This is particularly important where you have a qualifying disability under the Disability Discrimination Act 1995, as it will enable us to identify what, if any “reasonable adjustments” can be made.

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.....
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.....

I hereby declare that the information given is full and true to the best of my knowledge. I understand that if, at a later date, it is discovered that I have knowingly withheld medical information, disciplinary action may be taken against me, which may include dismissal.

Signature:

Date: