

All relevant sections must be completed. CV's must NOT be submitted in place of any information.

APPLICATION FOR

SUBMITTING YOUR APPLICATIONPlease forward your completed form to **office@myddeltoncollege.com** or by post to: **Myddelton College, Peakes Lane, Denbigh, North Wales. LL16 3EN.**

RECRUITMENT APPLICATION FORM

(📮)	myddeltoncollege.com
	,



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/MyddeltonCollege

@MyddeltonCol

PERSONAL DETAILS				
TITLE (MR/MRS/DR/OTHER)	SURNAME			
DATE OF BIRTH	KNOWN AS	ANY PREVIOUS NAMES?		
HOME ADDRESS (INCLUDING POST CODE)		TELEPHONE NUMBER(S)		
EMAIL ADDRESS		NATIONAL INSURANCE NUMBER		
PREFERRED METHOD(S) OF CONTACT	FULL CURRENT DRIVING LICENCE?			
MOBILE PHONE	EMAIL POST	YES NO		
DO YOU CURRENTLY HAVE ANY HOLIDAYS BOOKED OR ANY PERIODS WHEN YOU MAY NOT BE AVAILABLE FOR INTERVIEW? PLEASE NOTE: We endeavour to accommodate alternative dates, however we cannot guarantee this will always be possible.				
IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006				
NATIONALITY AT BIRTH PRESENT NATIONALITY		OTHER NATIONALITY/CITIZENSHIP?		
ARE YOU SUBJECT TO IMMIGRATION CONTROL?	'IF 'YES', DO YOU HAVE UNRESTRICTED E IN THE UK?	NTITLEMENT TO TAKE UP EMPLOYMENT		
YES' NO	YES NO			
DO YOU HAVE, OR ARE YOU ENTITLED TO OBTAIN, A NATIONAL INSURANCE NUMBER?	'IF 'NO', DO YOU HAVE THE RIGHT TO WOI RELEVANT REQUESTED INFORMATION TO WORK IN THE UK?	RK IN THE UK AND CAN YOU PROVIDE THE PROVE THAT YOU HAVE THE RIGHT TO		

DISABILITY AND REASONABLE ADJUSTMENTS

Answering the following questions will assist the College to comply with its obligations arising from the Disability Discrimination Act 1995 (as amended by the DDA 2005). You are NOT COMPULSORILY REQUIRED to give this information. However, if you advise us that you do have a disability and you meet the essential criteria of the person specification, the college will guarantee you an interview.

The definition of a disability (DDA 1995 as amended by the DDA 2005) 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".

DO YOU HAVE A DISABILITY IN
ACCORDANCE TO THE ABOVE
DEFINITION?

'IF 'YES', DO YOU REQUIRE PARTICULAR ADJUSTMENTS OR ARRANGEMENTS TO FACILITATE YOUR PARTICIPATION IN THE SELECTION PROCESS?

NO

REFERENCES

Please give details of two people who are not related to you, from whom references about your suitability for the job can be obtained. If you are presently employed one reference must be your current employer. If you are unemployed one reference must be your most recent employer. In the absence of previous employment experience a reference from your headteacher/tutor or related to relevant voluntary work is acceptable.

If you are not currently working with children and/or vulnerable adults, but have done so in the past, please supply as the second reference details of an employer by whom you were most recently employed to work with children/vulnerable adults. (This is only relevant if the job you are applying for involves working with children/vulnerable adults).

REFERENCE 1 (CURRENT OR MOST RECENT EMPLOYER)				
TITLE (MR/MRS/DR/OTHER)	FIRST NAME(S)	SURNAME		
OCCUPATION/JOB TITLE	HOW LONG HAVE THEY KNOWN YOU?	KNOWS YOU BY A DIFFERENT NAME?		
PLEASE PROVIDE THE FOLLOWING CONTAC	T INFORMATION:			
NAME & ADDRESS (INC. POST CODE) OF O	RGANISATION:			
PHONE NUMBER(S):				
EMAIL:				
IN WHAT CAPACITY DOES THIS REFEREE KN	NOW YOU?	PLEASE TICK THE BOX IF YOU DO		
		NOT WISH FOR THIS REFEREE TO BE		
		CONTACTED PRIOR TO INTERVIEW		
REFERENCE 2		CONTACTED PRIOR TO INTERVIEW		
REFERENCE 2 TITLE (MR/MRS/DR/OTHER)	FIRST NAME(S)	SURNAME		
	FIRST NAME(S)			
	FIRST NAME(S) HOW LONG HAVE THEY KNOWN YOU?			
TITLE (MR/MRS/DR/OTHER)		SURNAME		
TITLE (MR/MRS/DR/OTHER)	HOW LONG HAVE THEY KNOWN YOU?	SURNAME		
TITLE (MR/MRS/DR/OTHER) OCCUPATION/JOB TITLE	HOW LONG HAVE THEY KNOWN YOU?	SURNAME		
TITLE (MR/MRS/DR/OTHER) OCCUPATION/JOB TITLE PLEASE PROVIDE THE FOLLOWING CONTACT	HOW LONG HAVE THEY KNOWN YOU?	SURNAME		
TITLE (MR/MRS/DR/OTHER) OCCUPATION/JOB TITLE PLEASE PROVIDE THE FOLLOWING CONTACT	HOW LONG HAVE THEY KNOWN YOU?	SURNAME		
OCCUPATION/JOB TITLE PLEASE PROVIDE THE FOLLOWING CONTACT NAME & ADDRESS (INC. POST CODE) OF OR	HOW LONG HAVE THEY KNOWN YOU?	SURNAME		
OCCUPATION/JOB TITLE PLEASE PROVIDE THE FOLLOWING CONTACT NAME & ADDRESS (INC. POST CODE) OF OIL PHONE NUMBER(S):	HOW LONG HAVE THEY KNOWN YOU? CT INFORMATION: RGANISATION:	SURNAME		

After short-listing we reserve the right to take up references. If you have indicated on your application that you do not wish us to contact the referees we will only contact the referees after interview, if you are the successful candidate.

Please contact your referees to advise them that you have provided their details and to confirm that they would be prepared to provide a reference for you if requested.

DISCLOSURE OF CRIMINAL CONVICTIONS AND POLICE CLEARANCE

A criminal record will not necessarily exclude you from employment .The information provided will be treated as strictly confidential and will only be considered in relation to the job for which you are applying. You are required to disclose any 'unspent' criminal convictions in line with the Rehabilitation of Offenders Act 1974.

However, if you are applying for work which involves substantial opportunity for access to children or vulnerable adults, you are required to give details of **ALL** criminal convictions, even if they are regarded as 'spent'. Should you identify that you have a criminal conviction, this will be discussed in confidence at interview.

LE/	YOU HAVE ANY CRIMINAL CONVICTIONS, CAUTIONS, REPRIMANDS OR I ASE NOTE: You do not need to include driving offences and any cautions/reprima post with substantial access to children or vulnerable adults)			
	YES' NO			
	'IF 'YES' PLEASE GIVE DETAILS BELOW			
	DETAILS OF OFFENCE & SENTENCE	DATE	WHICH COURT OR POLICE FORCE?	
Posts that may have substantial opportunity for access to children or vulnerable adults are exempt from the Rehabilitation of Offenders Act 1974 and will require a DBS check.				
DISCLOSURE AND BARRING SERVICE				
Successful applicants will be asked to apply for a DBS check from the Disclosure and Barring Service. Further information about Disclosures can be ound on the Direct Gov website in the Employment section.				
acl o d	acknowledge that it is my responsibility as the candidate, if invited for interview, o disclose any information to the panel which may affect working with children/ ulnerable adults.			
	ulnerable adults. certify that, to the best of my knowledge, all statements contained in this form are			
orı wil	orrect and I understand that should I withhold facts or give any false information, will, if engaged, be liable to termination of my contract of employment, and epending on circumstances could be liable for criminal prosecution.			

EDUCATION HISTORY

Provide below details of all education, training and professional qualifications that you have undertaken. Also include details of any professional body of which you are a member indicating those obtained by examination. Continue on a separate sheet if necessary.

Please note that you will be required to produce evidence of qualifications gained.

FULL NAME AND ADDRESS OF SCHOOL/COLLEGE/ UNIVERSITY/INSTITUTION	FROM (MM/YY)	TO (MM/YY)	QUALIFICATIONS GAINED (WITH GRADES, OR PREDICTED GRADES IF CURRENTLY STUDYING)

EMPLOYMENT HISTORY REASON FOR LEAVING (IF APPLICABLE) TITLE OF PRESENT/MOST RECENT JOB NAME AND ADDRESS OF CURRENT/MOST RECENT EMPLOYER **TELEPHONE NUMBER(S) CURRENT/LEAVING SALARY PERMANENT OR TEMPORARY? DATES EMPLOYED** TO Please give details of **ALL** full and part-time work as well as particulars of **ALL** paid or unpaid employment experience e.g. commercial experience, raising a family, youth work, voluntary work or periods when you were not employed. Please complete the columns by entering the most recent first. **PLEASE DO NOT LEAVE ANY GAPS IN THIS HISTORY.** Continue on a separate sheet if necessary. JOB TITLE, TYPE OF EXPERIENCE (PAID/UNPAID/PERMANENT/ TEMPORARY) AND REASON FOR LEAVING FROM NAME OF ADDRESS OF EMPLOYER (MM/YY) (MM/YY)

SUPPORTING INFORMATION/COVER LETTER

form. You can, however, submit supplementary evidence to support your application by attaching a maximum of 2 sides of A4.		
Please use the space provided below to explain how you meet the requirements outlined in t you are applying for. You should give examples from previous paid, unpaid or voluntary exper	he Person Specification for the role that ience.	
CERTIFICATION/DECLARATION		
I certify that, to the best of my knowledge, all statements contained in this form are correct and I understand that should I withhold facts or give any false information, I will, if engaged, be liable to termination of my contract of employment, and depending on circumstances could be liable for criminal prosecution.	SIGNED & DATED	
All offers of employment are subject to suitable references, qualifications check, satisfactory medical clearance, DBS checks (if relevant to post applied for) and Asylum & Immigration checks.		
We will record and hold the information provided for personnel, employment, education and the Data Protection Act 1998.	training purposes in accordance with	

We would like to take this opportunity to thank you for your interest in the advertised post. If you have not been contacted concerning your application within 4 weeks of the closing date, please assume you have not been short-listed for interview.

EQUAL OPPORTUNITIES AND MONITORING

Myddelton College is an equal opportunities employer. As such we welcome applications from people of all backgrounds, irrespective of race, sex, disability, age, sexual orientation, religion or belief.

We need to carry out diversity monitoring in order to make sure our recruitment processes are fair for all and in order to meet our statutory obligations. Please help us to do this by completing this section of the form.

The information given in this section will be used for statistical purposes only and will not form part of the short-listing or interview process.

PC	ST APPLIED FO	R		GENDER
				MALE FEMALE
Н	OW WOULD YOU	J DESCRIBE YOUR ETHNIC ORIGIN? PL	LEASE TICK ONE	
	(A) WHITE	BRITISH	IRISH	ANY OTHER WHITE BACKGROUND
	(B) MIXED	WHITE & BLACK CARIBBEAN	WHITE & BLACK AFRICA	N WHITE & ASIAN
		ANY OTHER MIXED BACKGROUN	ND	
	(C) ASIAN	INDIAN	PAKISTANI	BANGLADESHI
	OR ASIAN BRITISH	ANY OTHER ASIAN BACKGROUN	ID	
	(D) BLACK OR BLACK BRITISH	CARIBBEAN	AFRICAN	ANY OTHER BLACK BACKGROUND
	(E) CHINESE O	R OTHER ETHNIC GROUP	CHINESE	OTHER
Th	e definition in the	SABILITY IN ACCORDANCE WITH THE Act is "people who have, or have had a phys rry out normal day to day activities." YES		ILITY DISCRIMINATION ACT? a substantial and long term adverse effect on a
AF	RE YOU CURREN	TLY EMPLOYED?		
		YES	МО	
w	HAT IS YOUR RE	LIGION?		
		PREFER NOT TO SAY	CHRISTIAN	MUSLIM
		HINDU	JEWISH	SIKH
		BUDDHIST	OTHER	NONE
Н	OW WOULD YOU	DESCRIBE YOUR SEXUAL ORIENTAT	ION?	
		HETEROSEXUAL/STRAIGHT	BISEXUAL	GAY WOMAN/LESBIAN
		GAY MAN	PREFER NOT TO SAY	OTHER
PL	EASE INDICATE	WHERE YOU FIRST SAW OR HEARD A	ABOUT THE ADVERTISEMENT FOI	R THIS VACANCY