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| Post Applied For: | | |
| Surname: | Forename(s): | |
| Previous Name(s) if applicable: | | Mr / Mrs / Miss / Ms |
| Date of Birth |  | |

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| **PERSONAL DECLARATION** | |
| When can you start, if appointed? |  |

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| If appointed, I agree to comply with school policies, as advertised on the school website. | **Yes /No** |
| I confirm that the above information is complete and accurate and I understand that any offer of employment is subject to a) references that are satisfactory to the school b) a satisfactory enhanced DBS certificate and check of the Barred list where relevant. |  |
| I confirm that I am legally entitled to work in the UK |  |
| I confirm that I have not been disqualified from working with children, cautioned or sanctioned in this regard. |  |
| I confirm that I am not barred by the Disclosure & Barring Service from working with or applying to work with children or included on the DBS Children’s Barred List |  |
| I understand that to knowingly give false information or to omit information could result in the withdrawal of any offer of employment or my dismissal at any time in the future and possibly criminal prosecution. |  |

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| **DISCLOSURE** | |
| A candidate for any appointment with West Hill School must state below any known relationship to any member of the school, Board of Trustees or related to an employee of West Hill School when making an application. A candidate failing to disclose such a relationship or seeking to improperly influence the recruitment and selection process shall be disqualified from appointment, or if appointed, shall be liable to dismissal without notice. | |
| Are you related to any member of the Board of Trustees or existing employees of West Hill School | **Yes /No** |
| **If Yes, please give details:** | |

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| **DISABILITIES** | |
| I consider that I have a physical or mental impairment which has a substantial and long-term adverse effect on my ability to carry out normal day to day activities. | **Yes /No** |
| Are you a registered disabled person? | **Yes /No** |
| If **“Yes”,** please provide details of registration number and disability: | |
| If **“Yes”** is there anything we need to know about your disability in order to offer you a fair selection opportunity? | |
| Do you have any specific requirements to enable you to attend an interview? | **Yes /No** |
| If you answer YES, please give brief details: | |

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| **DATA PROTECTION ACT 2018** |
| The information provided by you on this form as an applicant will be stored securely either on paper or electronically in accordance with our obligations under the Data Protection Act 2018 and General Data Protection Regulation. The information provided will be processed solely for the purpose of recruitment and any other activity relating to this recruitment. For more information in relation to how we process your personal data, please see our privacy policy or contact us for more information on 0161 338 2193.  I hereby give my consent for the information provided on this form to be held on computer or other relevant filing system and to be shared with other 3rd Party Processors for the purpose of this recruitment in accordance with Data Protection 2018. |

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| **I DECLARE THAT ALL THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I NOTE THAT THE WITHHOLDING, FALSIFICATION OR OMISSION OF RELEVANT INFORMATION BY A SUCCESSFUL CANDIDATE ARE GROUNDS FOR DISCIPLINARY ACTION WHICH MAY LEAD TO DIMISSAL.** | |
| Signature: | Date: |
| Print Name: | |
| **BY SUBMITTING THIS FORM ONLINE, I AGREE THAT THIS IS EQUIVALENT TO ME SIGNING THE DECLARATION.** | |