

Completed application forms should be returned via email to: **office@wonderstarschool.co.uk**

**Wonder Star School**

**Vacancy Application Form**

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| 1. **Vacancy Details** | |
| **Job Title:** |  |

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| 1. **Source** | | |
| Online | Word of mouth | Other (please specify) |

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| 1. **Personal Details** | | | |
| **Title:** | Mr Mrs Miss Ms Other | | |
| **First Name(s):** |  | **Surname** |  |
| **Address:** |  | | |
| **Post Code:** |  | **Email:** |  |
| **Tel No. Home** |  | **Tel No. Mobile** |  |
| **Date of Birth:** |  | **National Insurance No.** |  |

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| **Qualified Teacher Status (if applicable)** | **Yes No** | | |
| **DfES Reference no.** |  | **Date Issued:** |  |
| **Do you have a full clean driving licence?** | Yes No | **Do you have the ability to travel?** | Yes No |

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| 1. **Right to Work in the UK (Asylum and Immigration Act 2006)** |
| If appointed, you will be required to provide proof of current and valid permission to be in the United Kingdom and to do the type of work offered. A list of valid documents is available at www.bia.homeoffice.gov.uk |
| Are you able to provide the documents required? Yes No |
| 1. **Rehabilitation of Offenders** |
| Wonder Star School / Wonderstar Learning LTD welcomes applications from all candidates. Unless the nature of the work demands it, you will not be asked to disclose convictions which are ‘spent’ under the Rehabilitation of Offenders Act 1974.  Do you have any unspent convictions? Yes No    If YES, please give details of the offence(s), including the date and sentence:  The Rehabilitation Offenders Act 1974 requires applicants to give details of any convictions which are not spent. Failure to disclose such convictions could result in dismissal. |

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| 1. **Criminal Convictions** |
| Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?  **Yes No**  If YES, please provide full details below including the date and nature of the offence:  Wonder Star School / Wonderstar Learning LTD will check with the DBS Service to see if you have any criminal convictions**.** For information regarding filtering of convictions please see: [**https://www.gov.uk/government/publications/dbs-filtering-guidance**](https://www.gov.uk/government/publications/dbs-filtering-guidance)  Are you registered with the Update Service? YesNo  Do you give permission for a DBS status check? YesNo  Any information will be treated as confidential. You should note that disclosing a conviction does not automatically bar you from appointment. Failure to disclosure may result in withdrawal of any job offer in relation to this form.  **It is an offence to apply for the role if an applicant is barred from engaging in regulated activity relevant to children.** |

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| 1. **References** | | | |
| Please give the name and address of two people, one of whom must be your present employer (or in the case of a newly qualified teacher, your training establishment and one of your placements).  **Both references should be within the last six years.** | | | |
| **1. Present/Last Employer:** | | | |
| **Name:** | | **Title/Position:** | |
| **Address:** | | | |
| **Post Code:** | | **Email Address:** |  |
| **Tel No.** |  | **Company:** |  |
| **Tel No. Mob** |  | **In what capacity does this referee know the candidate?** |  |
| **2.** | | | |
| **Name:** | | **Title/Position:** | |
| **Address:** | | | |
| **Post Code:** | | **Email Address:** |  |
| **Tel No.** |  | **Company:** |  |
| **Tel No. Mob** |  | **In what capacity does this referee know the candidate?** |  |

*This organisation is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment*.

**Please note – in the interest of safeguarding if your post requires you to work with children, we will contact your referees prior to an interview. For all other posts, references will be sought on appointment.**

**Link to our Safeguarding Policy:** [**Policies**](https://www.wonderstarschool.co.uk/policies-procedures/)

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| 1. **Declaration** | | | |
| I declare that all the information I have provided is true. | | | |
| **Signature:** |  | **Date:** |  |
| To your knowledge are you related to any Employees of Wonder Star School? Yes No    If YES, please specify who: | | | |

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| 1. **Education: Secondary / Further (continue on a separate sheet if required)** | | | | | | | |
| **Name of School/College/University** | | **Qualification** | | **Subject** | **Dates** | | **Grade** |
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| **Professional Qualification/ Membership of Professional Bodies (if applicable)** | | | | | | | |
| Name of Professional Body/Association | Current Level of Membership | | Method of Achievement (e.g. Application; examination; invitation) | | | Membership Number | |
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| 1. **Training and Development (continue on a separate sheet if required)** | | | |
| **Training** | **Date Completed** | **Training** | **Date Completed** |
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| 1. **Supporting Information (continue on a separate sheet if required)** | | | | | |
| **Please tell us why you are suitable for the job and provide as much information as you can about your skills, abilities, knowledge and experience.** | | | | | |
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| 1. **Current/Last Employment \* Previous employers may be contacted to validate information provided.** | | | | | |
| **Name of Employer** |  | | | | |
| **Address** |  | | | | |
| **Post Code** |  | | **Telephone Number** |  | |
| **Job Title** |  | | **Local Authority** |  | |
| **Date: From** |  | | **Date: To** |  | |
| **Brief Description of your current/Last Job** | | | | | |
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| **Reason for leaving/wanting to leave** | |  | | **Notice Period** |  |

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| 1. **Previous posts (please start with the most recent and provide a minimum of 5 years work history):** | | | |
| **Name of Employer** |  | | |
| **Address** |  | | |
| **Post Code** |  | **Tel No.** |  |
| **Job Title** |  | **Salary** |  |
| **Date From** |  | **Date To** |  |
| **Brief Description of your role** | | | |
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| **Reason for Leaving** |  | | |

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| **Name of Employer** |  | | |
| **Address** |  | | |
| **Post Code** |  | **Tel No.** |  |
| **Job Title** |  | **Salary** |  |
| **Date From** |  | **Date To** |  |
| **Brief Description of your role** | | | |
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| **Reason for Leaving** |  | | |

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| --- | --- | --- | --- |
| **Name of Employer** |  | | |
| **Address** |  | | |
| **Post Code** |  | **Tel No.** |  |
| **Job Title** |  | **Salary** |  |
| **Date From** |  | **Date To** |  |
| **Brief Description of your role** | | | |
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| **Reason for Leaving** |  | | |

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| --- | --- | --- | --- |
| **Name of Employer** |  | | |
| **Address** |  | | |
| **Post Code** |  | **Tel No.** |  |
| **Job Title** |  | **Salary** |  |
| **Date From** |  | **Date To** |  |
| **Brief Description of your role** | | | |
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| **Reason for Leaving** |  | | |

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| **Time Spent Living And/or Working Overseas**  If you’ve lived and/or worked outside of the UK, Wonder Star School / Wonderstar Learning LTD must make any further checks it considers appropriate (in addition to the usual pre-employment checks).  We’ll base the decision on whether this is necessary on individual circumstances, and factors such as:   * The amount of information you disclose in the DBS check * The length of time you’ve spent in or out of the UK |
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| **If you have any gaps in your employment or education, please explain them here (continue on a separate sheet if required).** |
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| **Disability and Accessibility** | |
| **Do you require any special arrangements to be made for your interview/assessment on account of a disability?** | Yes No |
| If "yes", please give brief details of the effects of your disability on your day-to-day activities, and any other information that you feel would help us to accommodate your needs during your interview/assessment and thus meet our obligations under the Equality Act 2010: | |

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| **If you’re successful in your appointment, will you require CPI (safer handling) training?** | Yes No | |
| **If you answered no, please confirm the validity and expiry date:** | Valid from: | Expiry date: |
| **Do you have a live paediatric first aid qualification?** | Yes No | |
| **If you answered yes, please confirm the validity and expiry date:**  Signed: ………………………………………….  Date: …………………………………………….  Please sign to confirm you have read and understood the eligibility criteria and can meet the requirements.  I understand that by signing this disclaimer I am confirming that all of the information I have provided is accurate and up to date, to the best of my knowledge and that I will make the provision aware of any changes in my circumstances that may affect the answers I have provided above, or my suitability for the post.  I understand that falsifying information is grounds for the withdrawal of any conditional offer of employment made to me or grounds for dismissal, should I be employed by Wonder Star School/Wonderstar Learning LTD before screening is completed.  I understand that offers of employment are conditional upon the pre-employment criteria for the role being satisfied. Failure to provide the required information may result in an offer being withdrawn or termination of employment if employment has commenced. | Valid from: | Expiry date: |



***General Data Protection Regulation (UK GDPR)***

If my application is successful, I hereby give my consent for the information provided on this application form to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the General Data Protection Regulation (UK GDPR).

If my application is unsuccessful, I understand that it will remain on file for six months and then destroyed.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In line with GDPR, please ensure you complete the following form to enable your references to be collected regarding attendance and disciplinary data.



**Permission from Candidates in relation to references:**

**Title:** Mr/Mrs/Miss/Ms/Other: ……………..

**Full candidate name: ­­­­­­­…………………………………………………………….**

**Position applied for: ­­­­­­­…………………………………………………………….**

I have applied for the above position.

I understand that in order to complete my application for interview stage, references must be sought on my behalf and are a statutory requirement for any employee or volunteer position within education in-line with Safer Recruitment in Education.

I hereby grant full permission for my professional records including attendance and disciplinary data to be shared with Wonder Star School.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Wonder Star School** is part of **Wonderstar Learning LTD** - Company no.: 15899025