



form, please contact

Application Form

Reading Road Sherfield-on-Loddon

Hampshire RG27 0HU

CONFIDENTIAL APPLICATION FOR EMPLOYMENT	
Post Applied for:	
Complete the application form electronically or using black in	ık.
If you have any queries or difficulties completing the applicat Sally Holmes, HR Officer (details below).	ion
Please return the completed application form to: Sally Holmes	
Sherfield School	

Email: s.holmes@sherfieldschool.co.uk

1. PERSONAL DETAILS	
Family Name	
First Names	
Title	
Address	
Post code	
Telephone numbers	
Home	
Mobile	
E-mail	
Current Driving Licence and details of endorsements if any	



2. EDUCATION				
Schools attended (most resent first)	Dates (approx)		Evaminations (subjects (grades)	
Schools attended (most recent first)	From	То	Examinations (subjects/grades)	
Further education and training	From	То	Examinations (subjects/grades)	

3. EMPLOYMENT (Please provide explanation for any gaps in employment)					
EMPLOYERS DETAILS	DATES OF EMPLOYMENT	CONTACT DETAILS	JOB TITLE	REASON FOR LEAVING	FINAL SALARY



4. RECENT TRAINING			
DATES	Title		
5. GENERAL			
not entitled to for other purp Rehabilitation of If yes please er In certain circu	mstances, employment is dependent upon isfactory disclosure from the Disclosure and	Yes 🗌	No 🗆
Have you eve	er been subject to disciplinary procedures?	Yes 🗌	No 🗆
Membership	of professional organisation(s)		
	DfE Number GTC Number		
	s position will you continue to work in any ty? E.g. school governor (Give details)	Yes 🗌	No 🗆
6. PECUNIAR	Y INTEREST		
Are you relat	ed to anyone employed by GEMS?	Yes 🗌	No 🗌



Are you related to any pupil or member of staff?				
If Yes, please give details			No 🗌	
, .				
				_
7. WORK PERMITS				
Are there any restrictions to your residence ir might affect your right to take up employmen		Yes 🗌	No 🗆	
If yes to the above, are there any factors that your ability to obtain a valid work permit? Given		Yes 🗌	No 🗆	
				_
8. LANGUAGES				
Do you speak or read a foreign language? Given and details of competence level.	e language	Yes 🗌	No 🗆	
				_
9. DISABILITY				
Are you registered disabled?			No 🗌	
If yes, please give disability number.				
Disability Number:				
10 LEICHDE (NON WORK ACTIVITIES				
 LEISURE/NON WORK ACTIVITIES Please note here your leisure interests, sports 	and habbies			
other non-work activities	and nobbles,			
11. REFERENCES (Please give the contact de	tails for 2 Refe	rees)		
Recent Employer	Other			
Name:	Name:			
Position:	Position:			
Company:	Company:			
Tel No:	Tel No:			



e-mail:	e-mail:	
Can we contact prior to interview? Yes/No	Can we contact prior to interview? Yes/No	



GEMS is committed to safeguarding and promoting the welfare of children and young people.

I confirm that the information given on this form is, to the best of my knowledge, true and complete and that I have not signed a compromise agreement when leaving my last post. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

I agree to complete a medical questionnaire and that GEMS reserves the right to require me to undergo a medical examination. Should the company require further information and wish to contact your doctor with a view to obtaining a medical report, you will be informed of this intention and your permission will be requested prior to contacting your doctor. I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and I understand that the information will be processed in accordance with the Data Protection Act.

I agree that should I be successful in this application, I will be required to apply to the Disclosure & Barring Service through the Company/School for the appropriate level of disclosure and to supply the disclosure to the Company/School. I give my permission for the Company/School to confirm with the DBS that no additional information has subsequently been added to the disclosure. I also agree to provide any information relating to criminal convictions of anyone living at my address. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of GEMS, any offer of employment will be withdrawn or my employment terminated.

I confirm that I have not been disqualified from caring for children and young persons as set out in the Disqualification from Caring for Children (England) 2002 Regulations and List 99 and there are no current or anticipated proceedings by my regulatory body.

Any offer of employment will be subject to references and background checks. As part of our procedure for processing your employment application, a background check and employment references will be completed. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job.

For Senior Executive positions GEMS Education may employ a third party agency to carry out investigations at point of offer and at any time during employment to ensure the information you have supplied is true and accurate and that your suitability for employment is in line with GEMS Education policies and procedures. The information will be validated by way of international, public and governmental membership databases and sources.

By signing here I hereby certify that the information provided above is true and valid and I agree to GEMS Education carrying out reference and background checks as necessary. If any of this information is found to be false/incorrect, the Company can terminate my services/or cancel my selection/appointment.

I have read, understand and agree to the statements above.			
Signature			
Date			



Please enclose a CV with the application form and up to 500 word statement as to why you want to apply for the post.