

**Sharjah English School**

**Application Form**

Please attach photograph

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** | | **Mr Mrs Ms Dr Other/Pls. indicate** | |
| **Surname:** | |  | |
| **Middle Name:** | |  | |
| **First Name:** | |  | |
| **Current Address** | |  | |
| **Contact Telephone Number** | | **Home:**  **Mobile:**  **Work:** | |
| **Email Address:** | |  | |
| **Skype ID** | |  | |
| **Marital Status** | | **Married Single Divorced Separated Engaged** | |
| **Ages of dependents** | |  | |
| **Date of Birth:** |  | **Nationality:** |  |

**Details of Higher Education**

|  |  |
| --- | --- |
| **Institution:** |  |
| **Date Attended:** |  |
| **Subjects Studied:** |  |
| **Qualifications Obtained:** |  |
| **Class of Degree:** |  |

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| --- | --- |
| **Institution:** |  |
| **Date Attended:** |  |
| **Subjects Studied:** |  |
| **Qualifications Obtained:** |  |
| **Class of Degree:** |  |

**Details of Teaching Qualification**

|  |  |
| --- | --- |
| **Institution:** |  |
| **Dates Attended:** |  |
| **Subjects:** |  |
| **Qualifications:** |  |
| **Date Qualified:** |  |
| **Qualified Teacher Reference Number:** |  |

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| --- | --- |
| **Institution:** |  |
| **Dates Attended:** |  |
| **Subjects:** |  |
| **Qualifications:** |  |
| **Date Qualified:** |  |
| **Qualified Teacher Reference Number:** |  |

**Details of relevant professional courses attended in the last 5 years**

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| --- | --- |
| **Course Attended:** |  |
| **Date of course:** |  |
| **Details:** |  |

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| **Course Attended:** |  |
| **Date of course:** |  |
| **Details:** |  |

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| **Course Attended:** |  |
| **Date of course:** |  |
| **Details:** |  |

**Present Employment**

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| --- | --- | --- | --- |
| **Company/School Name:** | |  | |
| **Position:** | |  | |
| **Country:** | |  | |
| **Date of Employment:** | | **From: To:** | |
| *Please Confirm:* | | | |
| **Current Notice Period:** |  | **Current Monthly Salary:** |  |
| **Additional Benefits/ Allowances**  **Please List** | |  | |

**Previous Employment: (Most recent first. Please explain any periods of unemployment**

|  |  |
| --- | --- |
| **Company/School Name:** |  |
| **Position:** |  |
| **Country:** |  |
| **Date of Employment:** | **From: To:** |
| **Reason for Leaving:** |  |

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| --- | --- |
| **Company/School Name:** |  |
| **Position:** |  |
| **Country:** |  |
| **Date of Employment:** | **From: To:** |
| **Reason for Leaving:** |  |

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| --- | --- |
| **Company/School Name:** |  |
| **Position:** |  |
| **Country:** |  |
| **Date of Employment:** | **From: To:** |
| **Reason for Leaving:** |  |

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| --- | --- |
| **Company/School Name:** |  |
| **Position:** |  |
| **Country:** |  |
| **Date of Employment:** | **From: To:** |
| **Reason for Leaving:** |  |

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| --- | --- |
| **Company/School Name:** |  |
| **Position:** |  |
| **Country:** |  |
| **Date of Employment:** | **From: To:** |
| **Reason for Leaving:** |  |

**Please summarise any interests or personal significant achievements.**

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**Health/Absence from Work**

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| **How many days have you taken off work through illness in the last 3 years?** |  |
| **Please give details of the above:** | |
| **Any ongoing medical conditions or operations pending?** | **Yes No** |
| **If ‘Yes’, please give details of the above:** | |
| **Are there any other underlying medical reasons why you would not be able to fulfil your professional responsibilities/fitness to work to the full?** | **Yes No** |
| **If ‘Yes’, please give details of the above:** | |

**Vaccination Status Covid 19**

**Are you vaccinated against Covid 19?** **Yes**  **No**

**If yes have you had: first dose only Two Doses Booster**

**Disciplinary Issues**

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| --- | --- |
| **Have you ever been subject to disciplinary proceedings where the disciplinary sanction is still current or where proceedings are ongoing?** | **Yes No** |

**Pre-booked holidays**

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| --- | --- |
| **Please declare any in-term holidays/time off booked for the current (if applicable) or next academic year.** |  |

**If you are appointed, will you be accompanied and if so, by whom? Please include dependent children and their DOB.**

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| --- | --- | --- | --- |
| **Name** | **Relationship** | | **DOB if under 18** |
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| **Please confirm if your child/children currently attend SES** | | **Yes No** | |

**Referees: Please give details of two (2) professional referees. (For teaching staff one of the referees must be from your current Head teacher or School Principal). Where possible the 2nd referee should be a line manager from a previous school**

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| --- | --- |
| Name: |  |
| Position: |  |
| Address: |  |
| Telephone: |  |
| E-mail: |  |

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| --- | --- |
| Name: |  |
| Position: |  |
| Address: |  |
| Telephone: |  |
| E-mail: |  |

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| **I confirm that SES may contact the referees above prior to interview** |  |
| **Please contact me before requesting references** |  |

**Signature:**  **Date:**

**Rehabilitation of Offenders Act 1974 (exceptions) order 1975**

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| Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the UK Act. Applicants are therefore not entitled to withhold information about convictions which, for other purposes, are ‘spent’ under the provisions of the Act. Any information provided will be completely confidential and will be considered only in relation to an application for positions to which the Order applies. Failure to disclose such convictions could result in dismissal or disciplinary action by Sharjah English School. | |
| Date of last DBS check (or equivalent): |  |
| Date of last Good conduct certificate UAE (if available)  Police Reference No: |  |
| Have you ever been arrested: | Yes No |
| Have you ever had any criminal convictions? | Yes No |
| **If ‘Yes’ Please provide details:** | |
| I give permission and authorization for Sharjah English School to contact the relevant Police Authorities for the purposes of obtaining information from their records regarding any past convictions, including spent convictions. I declare that the information provided on this form, and on any accompanying documents, is true to the best of my knowledge and belief. | |
| **Signature**: | **Date**: |

**Self –disclosure Form**

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| **For completion by the candidate**  If the role you are in or have applied for involves frequent or regular contact with or responsibility for children, you will also be required to provide a valid DBS (Disclosure and Barring Service) certificate, which will provide details of criminal convictions. This may also include a barred list check depending on the nature of the role (see organizational guidance about eligibility for DBS checks).  All information you provide will be treated as confidential and managed in accordance with the relevant data protection legislation and guidance. You have a right to access to information held on you under the Data Protection Act 1988. | |
| Have you ever been known to any children’s services department or to the police as being a risk or a potential risk to children? | Yes No |
| **If yes, please provide further information**: | |
| Have you been the subject of any disciplinary investigation and/or sanction by any organization due to concerns about your behaviour towards children? | Yes No |
| **If yes, please provide further information:** | |
| 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 (Amended) 2013? | Yes No |
| **If yes, please provide further information:** | |

**Confirmation of Declaration (tick box below)**

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| --- | --- | --- |
|  | I agree that the information provided here may be processed in connection with recruitment purposes and I understand that an offer of employment may be withdrawn or disciplinary action may be taken if information is not disclosed by me and subsequently come to the organisations’s attention | |
|  | In accordance with the organsiation’s procedures if required I agree to provide a valid DBS Certificate and consent to the organization clarifying any information provided on the disclosure with the agencies providing it | |
|  | I agree to inform the organization within 24 hours if I am subsequently investigated by any agency or organization in relation to concerns about my behaviour towards children or young people. | |
|  | I understand that the information contained in this form, the results of the DBS check and information supplied by third parties may be supplied by the organization to other persons or organisations in circumstances where this is considered necessary to safeguard children. | |
| **Signature of Candidate:** | |  |
| **Print Name** | |  |
| **Date:** | |  |

**Declaration: Please read carefully before signing**

|  |  |
| --- | --- |
| **I declare that the information given in this form is true and accurate and I understand that any offer of employment which may be made to me by SES is subject to this declaration.** | |
| **Signature:** | **Date:** |
| **Note**: Please e-mail this completed form, CV, and letter of application outlining your suitability for this position along with a photograph to [ehughes@sharjahenglishschool.org](mailto:ehughes@sharjahenglishschool.org)  Thank you for your interest in Sharjah English School. | |