



Gordonstoun School – Employment Application Form for Teaching Staff

All information given will be treated in strictest confidence. A CV may be submitted as additional information only. Please direct your completed forms to: **The Headmaster, Gordonstoun School, Elgin, Moray, IV30 5RF**, ensuring arrival by the closing date. Failure to do so may make your application invalid. If completed by hand, please use **black ink**.

It is Gordonstoun’s policy to carry out rigorous security checks on all new employees appointed to the School, as recommended by the Scottish Executive Education Department. This involves presenting names of new staff to Disclosure Scotland for an enhanced check against criminal records and other lists which contain names of those not suitable for close contact with young people.

| FOR OFFICIAL USE ONLY | |
|-----------------------|--|
| Application No | |
| Received | |
| Acknowledged | |

Data Protection Act
In accordance with the Data Protection Act 1998 we will be holding information on you in connection with all matters relating to our personnel policy and

| Application For: | |
|---|--|
| Job Title | |
| Start Date | |
| Where did you see this position advertised? | |

| Personal Details | | |
|--|--|--------------------------------------|
| Surname: | Title: | |
| Forename(s) in full: | | |
| Permanent Address: | Address for correspondence (if different): | |
| Postcode: | Postcode: | |
| Daytime Tel No: | Daytime Tel No: | |
| Evening Tel No: | Evening Tel No: | |
| Mobile No: | Mobile No: | |
| Email address (this is the School’s preferred means of contact): | | |
| National Insurance No: | | |
| Are you a citizen of a European Union Country? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If No, please provide evidence that you are entitled to work in the UK:</i> | | |
| | | |
| Do you hold a current valid driving licence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, is your licence: | <input type="checkbox"/> Full | <input type="checkbox"/> Provisional |
| If Full, does this include Category D1? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have your own transport? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | |
| Do you have any connection with Gordonstoun? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If Yes, please give details:</i> | | |
| | | |

| Current or most recent position | | | | | | | | |
|---|----|---|--|------|----|--|--|--|
| Employer's Name and Address | | Nature of Education Establishment | | | | | | |
| <table border="1"> <thead> <tr> <th colspan="2">Dates</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table> | | Dates | | From | To | | | Position held, duties and responsibilities |
| Dates | | | | | | | | |
| From | To | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Salary: | | Period of notice required: | | | | | | |
| Any other additional information regarding this employment <i>(please continue on page 7, if necessary)</i> | | | | | | | | |
| Reasons for wishing to leave/leaving this post <i>(please continue on page 7, if necessary)</i> | | | | | | | | |
| Absence due to sickness or ill health | | | | | | | | |
| No of days absent during current year: | | No of days absent during previous year: | | | | | | |

| Employment history <i>(please list most recent first and account for any gaps in employment)</i> | | | | | | | | |
|---|----|-----------------------------------|--|------|----|--|--|--|
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| Employment history <i>(continued)</i> | | | | | | | | |
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| Any other additional information regarding this employment <i>(please continue on page 7, if necessary)</i> | | | | | | | | |
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| Higher Education <i>(please list in chronological order, most recent first)</i> | | | | |
|--|-------|----|-----------------------|------|
| Name of Establishment | Dates | | Qualifications gained | Date |
| | From | To | | |
| | | | | |

| Secondary Education <i>(please list in chronological order, most recent first)</i> | | | | |
|---|-------|----|-----------------------|------|
| Name of Establishment | Dates | | Qualifications gained | Date |
| | From | To | | |
| | | | | |

Please note that evidence of qualifications will need to be produced if an appointment is made.

| Professional qualifications <i>(please include details of your GTC/GTCS registration or QTS number and date as well as membership of any professional organisations)</i> | | | | |
|---|-------|----|-----------------------|------|
| Name of Establishment | Dates | | Qualifications gained | Date |
| | From | To | | |
| | | | | |

| Additional Qualifications <i>(any further qualifications that may be relevant to the post including pastoral care, sports coaching, first-aid etc)</i> | | | | |
|---|-------|----|-----------------------|------|
| Name of Establishment | Dates | | Qualifications gained | Date |
| | From | To | | |
| | | | | |

Please note that evidence of qualifications will need to be produced if an appointment is made.

| Pastoral Care Experience <i>(please provide details of any relevant experience caring for young people)</i> |
|--|
| <i>(Please continue on page 7, if necessary)</i> |

| Skills/Interests <i>(please include any other relevant skills and personal interest/hobbies)</i> |
|---|
| <i>(Please continue on page 7, if necessary)</i> |

Any Additional Information

| Referees | |
|--|---|
| <p>Please give the names and addresses of two referees – one should be from your current/most recent employer or, if you have been in education, from your College tutor. If you do not work with children, a reference will be required from your most recent employment involving work with children. References will not be accepted from relatives or those writing solely in the capacity of friends. We may request references prior to interview. Please indicate below whether or not you consent to your referees being contacted at this stage. If you are invited to attend an interview, please bring two forms of identification with you, one of which must be photographic.</p> | |
| Name: | Position: |
| Address: | Tel No: |
| | Email Address: |
| | I consent to you contacting this referee at this stage: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name: | Position: |
| Address: | Tel No: |
| | Email Address: |
| | I consent to you contacting this referee at this stage: <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please include a letter of application, stating why you believe your qualifications and experience fulfil the requirements of this post and any other information in support of your application.

| Special Facilities | |
|---|--|
| If you have a disability, would you require any special facilities if invited to attend an interview? If so, please provide details of the special facilities you will require. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Declaration | |
|---|-------|
| <p>The submission of this document electronically constitutes an official application for employment. If I submit this application electronically and I am subsequently invited to interview, I understand that I will be asked to provide a formal signature on this document</p> <p>The statements made by me in this application and on any additional sheets are true to the best of my knowledge and belief. I am aware that if I am employed and it is found that such information is false, or that I have withheld information, I may be liable to dismissal.</p> | |
| Signature: | |
| Print Name: | Date: |

Please note that successful applicants will be required to take part in a confidential pre-employment health screening carried out by external occupational health specialists.