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| **Application Form for Employment****Please return to: Meath, a Speech and Language UK School, Brox Road, Ottershaw, Surrey, KT16 0LF****Email: School Business Manager <**sbm@meathschool.org.uk**> Tel: 01932 872302** |

Please complete this form in full supplemented by additional sheets if necessary. **CVs WILL NOT BE ACCEPTED.**

All personal data supplied to us on this form, which is subsequently processed on computer or by other means,

is subject to the provisions of the Data Protection Act 2018. View our privacy policy here <https://speechandlanguage.org.uk/privacy-policy/>

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| **Position applied for:**  |  |
| **Where did you see this job advertised?** |  |

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| **Personal Details** |
| **Title** |  |
| **Full Name** |  |
| **Preferred Name** |  |
| **Address:** |  |
| **Email Address** |  |
| **Contact Phone Number** |  |
| **Home Telephone Number** |  |

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| **Employment Details** |
| **Name of current/ last employer** |  |
| **Job Title** |  |
| **Start Date** |  |
| **End Date (write current if still employed)** |  |
| **Notice period** |  |
| **Current salary** |  |
| **Reason for leaving** |  |
| **Description of job and key responsibilities** |

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| **Previous Employment** |
| **Start Date** | **End Date** | **Job Title** | **Employer** | **Reason for Leaving** |
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| **Education, Qualifications and Training** |
| **Date Gained** | **Name of School/College/University** | **Subjects** | **Qualification and Grade** |
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| **Professional Membership/Registration** |
| **Issuing Body** | **Registration Number** | **Expiry Date** |
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| **Suitability**Please assess yourself against the requirement of the Person Specification, giving examples of how you meet the defined criteria. Ensure you are concise and to the point. You may continue on additional sheets if necessary. |
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| **Referees**Please give the names and addresses of two referees, one of whom should be your current or most recent employer. If you are applying for a post involving direct contact with children, at least one referee must be able to comment on your child contact experience. Your consent for Speech and Language UK to contact your referees is given by signature of this form. **We will request references for shortlisted candidates before interview.** |
| Name |  |
| Organisation |  |
| Address |  |
| Email Address |  |
| Contact Telephone Number |  |
| Capacity known to you |  |
|  |  |
| Name |  |
| Organisation |  |
| Address |  |
| Email Address |  |
| Contact Telephone Number |  |
| Capacity known to you |  |

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| **Additional Information**Please give below any further information that is relevant to your application, e.g.: your application is for a job share; periods of time when you would be unavailable for interview; any special requirements should you be invited for interview. |
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| **Relationship**Are you related to or acquainted with any of the Trustees, staff or pupils of Speech and Language UK If so, please give details. |
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| **Declaration** |
| I confirm that the information given on this form is, to the best of my knowledge and belief, true and complete. I also give my consent to the processing of my personal data by computer or other means in relation to my job application and possible future employment. |
| Sign: | Date: |