



# LEICESTER HIGH SCHOOL FOR GIRLS

## Non-Teaching Application Form

Application made by: \_\_\_\_\_

Post applied for: \_\_\_\_\_

**Mrs Anne Morris, Bursar**  
**([am@leicesterhigh.co.uk](mailto:am@leicesterhigh.co.uk))**  
**Leicester High School for Girls**  
**454 London Road**  
**Leicester**  
**LE2 2PP**  
**Tel: 0116 2705338**  
**[www.leicesterhigh.co.uk](http://www.leicesterhigh.co.uk)**

**Personal Details**

Title:	Forename(s):	Surname:
Date of Birth:		NI Number:
Address (home):		
Postcode:		
Telephone (home):	Mobile Telephone:	
Email address:	Fax No (if appropriate):	

**Details of Present Post (if applicable)**

Title of post:	Salary:
Date Appointed:	
Name and Address of Employer:	

**Professional References**

Please give details of two referees, one of which should be your current or most recent employer. Relatives and friends should not be used as references.

May we contact prior to interview    Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact prior to interview    Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Name:
Status:	Status:
Address:	Address:
Postcode:	Postcode:
Telephone No:	Telephone No:
Fax No:	Fax No:
Email address:	Email address:

**Other Details**

Please state when you would be able to take up employment, if offered:	
Are you a British subject or national of any EU country:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, do you have the right to work in the UK and a current work permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Where did you see this position advertised?	
Reason for seeking other employment:	

**Education**

Name of Secondary School:	From	To	Subject:	Grade:

Qualifications (16+)	Grade:	From:	To:

Further study/courses taken:	Grade:	From:	To:

**Previous Posts held**

Name of Employer	Title of Post and Scale	From	To	Reason for Leaving

**Relevant In-Service Training (Courses attended within the last three years)**

Title	Organising Body	Date	Length

Interests and other comments relevant to application: (use continuation sheet if necessary)

**Health:**

The School is committed to being an equal opportunities employer and welcomes applications from disabled candidates. The following questions are to ensure that the School complies with its obligations under the Disability Discriminations Act 1995 (as amended) ("the Act"). For the purposes of the Act, a disability is defined as a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities.

Do you consider yourself disabled? Yes  No  If you wish, please give further details:

Do you require any special arrangements to attend the interview? Yes  No  If yes, please give details:

If offered the position applied for (on the basis of the job description provided) are there any arrangements of adjustments that the School would need to make to enable you to carry out the role?

Yes  No  If yes, please give details

Number of days absence have you had in the past two years?

**Convictions**

The post applied for is exempt from the Rehabilitation of Offenders Act 1974 and therefore all convictions, cautions and bind-overs, including those regarded as 'spent', must be declared. Accordingly, the following declarations are required. I confirm that:

- I am / am not\* included on list 99;
- I am/ am not\* disqualified from work with children, or subject to sanctions imposed on by a regulatory body, eg the General Teaching Council (GTC); and,
- I have / have not\* one or more convictions, cautions or bind-overs. (if any convictions, cautions or bind-overs are held, details must be provided in a sealed envelope marked 'Confidential' and attached to this application.

I understand that if successful in this application, I will be required to obtain a Disclosure at the Enhanced Level from the Criminal Record Bureau.

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

Information from this application may be processed for purposes registered by the Employer under the Data Protection Act 1998. Individuals have, on written request, the right of access to personal data held about them.

I hereby give my consent to Leicester High School processing my data supplied in this application form for the purpose of recruitment and selection.

**Declaration**

I declare that the information given in this application is to the best of my knowledge complete and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Any false, incomplete or misleading statements may lead to dismissal.

In accordance with the guidance published by the DfE, any offer of employment made by the School will be conditional upon the School verifying the successful applicant's medical fitness for the role. Therefore, if your application is successful, you will be required to complete a medical questionnaire the responses to which will be assessed by the School's medical adviser before any offer of employment is confirmed. There may be circumstances when it will be necessary for the School's medical adviser to seek access to your medical records and/or for you to be referred to a specialist clinic.