

Old Leake  
Boston  
Lincolnshire  
PE22 9LD

FOR OFFICIAL USE ONLY

Interview Date:

Time:

Result Notified:

PLEASE COMPLETE THIS FORM IN BLACK INK OR TYPESCRIPT USING  
BLOCK LETTERS  
SEPARATE SHEETS OF INFORMATION MAY BE ATTACHED WHERE NECESSARY

**Post Applied For:**

Closing Date:

How did you hear of this job?

**PERSONAL DETAILS**

SURNAME & TITLE:

FIRST NAME & INITIALS:

ADDRESS:

DATE OF BIRTH:

TELEPHONE NO: HOME

TELEPHONE NO: MOBILE

TELEPHONE NO: WORK  
(If may be used)

EMAIL:

NATIONAL INSURANCE NUMBER:

CURRENT DRIVING LICENCE YES/NO

WOULD YOU WISH TO JOIN THE  
SUPERANNUATION SCHEME? YES/NO

ARE YOU IN AN EXISTING LCC  
SUPERANNUATION SCHEME? YES/NO

**PRESENT (OR MOST RECENT) POST (if applicable)**

PRESENT/MOST RECENT POST:

DATE APPOINTED:

FULL TIME/PART TIME

CURRENT SALARY:

GRADE/SPINAL POINT:

NAME & ADDRESS OF EMPLOYER:

NAME & ADDRESS OF LOCAL  
AUTHORITY  
(if applicable)

TELEPHONE NUMBER:

TELEPHONE NUMBER:

**PREVIOUS POSTS HELD** - (Please list in chronological order, beginning with the most recent.)

Name of Employer	Post Title, Grade or Scale, Full or Part Time	Dates (Month & Year)	
		From	To

QUALIFICATION	DATE

**REFEREES: (note: this should not be a family member or friend and must be employment related)**

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**EMAIL:**

**EMAIL:**

**TEL:**

**TEL:**

**HOBBIES:**

**ANY OTHER COMMENTS OF INTEREST:**

**SAFEGUARDING**

**Have you ever been the subject of complaint or investigation regarding a safeguarding issue? YES/NO**

**If YES please provide details below:**

**CRIMINAL OFFENCES**

**Have you ever faced any criminal offences? YES/NO**

**If YES please give details of any criminal offence(s) or pending criminal charge(s)**

**NOTE: A successful candidate will be required to complete an Enhanced Disclosure & Barring Service (DBS) application**

**MEDICAL INFORMATION**

**NOTE: A successful candidate will be required to complete a health history form and may be asked to attend for a medical examination.**

**Do you consider yourself to have a disability? YES/NO**

**Is there anything we need to know about your disability in order to offer you a fair selection interview?: YES/NO**

**If YES, please give details:**

**GUIDANCE FOR APPLICANTS WITH DISABILITIES SHOWN ON REVERSE OF THIS PAGE.**

## GUIDANCE FOR APPLICANTS WITH DISABILITIES

Information is requested on this job application form about disability/medical conditions you may have. If you are shortlisted, you will also be asked to provide further information on an Employment Health Questionnaire form.

This means:

It is important that you tell us whether you require adjustments to any part of the selection procedure including arrangements for interview. The application form allows you to provide this information.

If you are offered the job, any adjustments to the working conditions or environment that may be required to enable you to carry out the duties of the job will be considered in consultation with you.

Disability is defined as follows:

A person has a disability if he/she has a physical or mental impairment that has a substantial and long term adverse effect on his/her ability to carry out normal day-to-day activities where:

A mental impairment is defined as an impairment resulting from or consisting of a mental illness only if the illness is a clinically well-recognised mental illness;

long term, means the effect of the impairment has lasted at least 12 months or is likely to last for 12 months or is likely to last for the rest of a person's life;

normal day-to-day activities are defined as: mobility; manual dexterity; physical co-ordination; continence; ability to lift, carry or otherwise move everyday objects; speech; hearing or eyesight; memory or ability to concentrate, learn or understand; perception of the risk of physical danger. NB Any disability which does not have a substantial and long term effect on one or more of them is not considered to be a disability.

Other conditions included within the definition of a disability not already outlined above are:

a recurring condition which has recurred over more than 12 months or is likely to recur over more than 12 months;

a progressive condition, eg cancer, multiple sclerosis, muscular dystrophy or HIV which has, or has had, an effect on normal day-to-day activities;

people with severe disfigurements, although some with deliberately acquired disfigurements will not be covered;

people with severe disfigurements, although some with deliberately acquired disfigurements will not be covered;

people registered as disabled under the Disabled Persons (Employment) Act 1944 on 12 January 1995 and on the date the employment right comes into force, who will be deemed to be covered. People with a history of disability will also have protection, even if they do not now have a disability.

Your application

There is no legal requirement for you to provide information about your disability on this form. However, you are encouraged to do so, particularly where you believe that the information may be relevant to the job application. Please contact the Headteacher's Secretary. If you require any further information on any aspect of your application.