**FOREST SCHOOL Application Form**

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| Private & Confidential |
| Applications are invited from people from all sections of the community, irrespective of their marital status, sexuality, age, gender, disability, race, colour, nationality, ethnic, national origins, or religion, who have the necessary attributes to carry out the job. |
| Post applied for: |  |
| Full name: |  |
| Address:Postcode: |  |
| Tel number/s: |  |
| Email address: |  |
| Do you have the ability to travel to fulfil the requirements of the post? |  |
| QUALIFICATIONS/ EDUCATION |
| Please give details of the **qualifications** you have achieved with details of training providers and dates: |
| Please give details of relevant **short courses** you have attended with details of training providers/ dates: |
| **EMPLOYMENT HISTORY** |
| Current employment **Past employment** (continue on a separate sheet if necessary) | **From** | **To** | **Main Duties** | **Reason for leaving** |
| **SUPPORTING STATEMENT**  |
| Please indicate your reasons for applying for the post. You are also invited here to give any additional information which you wish to have taken into account in support of your application, and to list hobbies, spare time activities, interests, membership of voluntary organisations etc. |
| **REFERENCES** Please give name, address, telephone number/s and email address of two referees, one of whom should be your present/most recent employer. A minimum of five years must be provided for, including any gaps in employment. References will be taken up before the interview.1. 2. |
| Do you have a disability? Yes No We will make reasonable adjustments to help a person with a disability through the application & selection process and, if successful, to assist you in carrying out the duties of your job. Please see the applicant guidance notes for further information. |
| How did you find out about the post? |  |
| DECLARATION |  |
| 1. I acknowledge that an appointment if offered will be subject to satisfactory medical clearance. Currently I am in good health;
2. I confirm that I do not live with anyone who has been disqualified to work with children.
3. I confirm that there is nothing in place to prevent me from working with children.
4. I declare that the information given on this form is correct and understand that on appointment any misleading statements or deliberate omissions will be regarded as grounds for disciplinary action.

Signature ………………………………………………….. Date…………………………………. |
|  |
| Shortlisting Date |
| Shortlisted Y/N |  |
| Panel members |  |
| Date of interview |  |
| Comments |  |