



**SECTION 3****PROFESSIONAL TRAINING AND DEVELOPMENT** (Please include details of any relevant training or staff development)

Institution Attended	Course	Date

**INTERESTS** (e.g. hobbies, sports, voluntary work)
**SECTION 4****CURRENT/LAST EMPLOYMENT**

Employers Name:..... Position:.....  
 Employers Address:..... Grade/Salary:.....  
 (Town)..... Date Commenced:.....  
 (County)..... Date of Leaving if applicable:.....  
 (Postcode)..... Period of Notice:.....

Employers Name.....

(if applicable)

Brief description of duties/responsibilities:

Number of additional sheets used.....

**OTHER PREVIOUS EMPLOYMENT** (chronologically listed) Please account for any gaps in employment.

Employers Name & Address	Dates	Position	Brief outline of responsibilities
			Number of additional sheets used.....

**SECTION 5 PERSONAL STATEMENT**

**YOUR PERSONAL STATEMENT SHOULD PROVIDE EVIDENCE/EXAMPLES OF HOW YOU MEET THE REQUIREMENTS OF THE SCHOOL AND YOUR ABILITY TO CARRY OUT THE JOB DESCRIPTION.**

Number of additional sheets used.....
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**OTHER DECLARATIONS**

1 Are you related to any member of the governing body (any canvassing direct or indirect will disqualify)

Yes  No

If yes, please give details:.....  
.....  
.....  
.....

3 To the best of my knowledge and belief, the information on this application form is correct.

Signed.....

Date.....

**Please return this completed application in an envelope marked Private & Confidential to:**

**Mandy Airey  
School Business Manager  
Northwood Primary School  
Wyatts lane  
Northwood  
Cowes  
Isle of Wight  
PO31 8PU**

**Reminder: This application must be completed in your own handwriting**

**Closing date: Please return by 12 noon on Monday 9<sup>th</sup> December 2019**

**EQUAL OPPORTUNITIES MONITORING FORM**

This form is separate from the main application form. Your answers will be treated in the strictest confidence and the information you provide will only be used for monitoring purposes. How you complete this form has no connection to the evaluation of your application in any way.

Post Applied For:..... Do you consider yourself as having a disability? Yes  No

Surname:..... If you have a disability what equipment, adaptations or adjustments to working conditions would assist you in carrying out your duties?  
 Forename(s):.....  
 .....  
 .....  
 Gender: Male  Female   
 .....  
 Which age group do you apply to:  
 .....  
 Under 20   
 21 - 29   
 30 - 39   
 40 - 49   
 50 - 59   
 60 and over

Which of the following best describes your Ethnic origin?

<b>White:</b>		<b>Mixed:</b>	
British <input type="checkbox"/>		White & Black Caribbean <input type="checkbox"/>	
Irish <input type="checkbox"/>		White & Black African <input type="checkbox"/>	
Other <input type="checkbox"/>		White & Asian <input type="checkbox"/>	
		Other Mixed Group <input type="checkbox"/>	
<b>Black or Black British:</b>		<b>Asian or Asian British:</b>	
Caribbean <input type="checkbox"/>		Indian <input type="checkbox"/>	
African <input type="checkbox"/>		Pakistani <input type="checkbox"/>	
		Bangladesh <input type="checkbox"/>	
Other Black background <input type="checkbox"/>		Other Asian <input type="checkbox"/>	
<b>Chinese or other ethnic group:</b>			
Chinese <input type="checkbox"/>		If "other" please specify:- .....	
Any other ethnic group <input type="checkbox"/>		.....	
		.....	