



This form is to be kept separate.

Please complete and return with your application in a separate, sealed envelope marked: CONFIDENTIAL – Personnel Department

In connection with any appointment within this School the Department for Education and Skills has asked us to seek the following information:

1. Has the Secretary of State of Education ever issued you with a personal warning or caused your name to be included on List 99 which names those who may not be employed in schools?

Yes/No (please delete as appropriate)

2. As the job for which you are applying involves substantial access to children it is exempt from the Rehabilitation of Offenders Act 1974. You are therefore required to declare any convictions or cautions you may have had, regardless of how long ago. Disclosure of a criminal record may not debar you from appointment as we shall consider the nature of the offence, how long ago and at what age it was committed and any other relevant factors.

You should be aware that the School will institute its own checks upon successful applicants for short listing with the DfES and police records. If you would like to discuss this beforehand please telephone the Personnel Manager in confidence, for advice.

Failure to declare a conviction may disqualify you from appointment or result in summary dismissal if the discrepancy comes to light.

I have nothing to declare/I enclose a confidential statement.

Name: Position applied for:
(BLOCK CAPITALS PLEASE)

Signed: Date:

MEDICAL STATEMENT

1. Do you suffer from any disease or disorder which we should be aware of that could prevent you from carrying out the duties of this post?
2. Are you receiving any regular or occasional treatment from your doctor, e.g. tablets or medicine which could prevent you from carrying out the duties of this post?
3. Have you received any medical treatment within the last three years which could prevent you from carrying out the duties of this post?
4. Registered disabled number, if applicable

I hereby declare that the answers given above are true and that I have not withheld any information.

I consent to medical information relevant to the teaching post for which I am applying being sought from the doctor who has attended me recently and I authorise that such information may be given.

My doctor's name and address is:
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Signed:.....