



**WESTMINSTER  
SCHOOL**

**EMPLOYMENT APPLICATION FORM  
PRIVATE AND CONFIDENTIAL**

**APPLICANT INFORMATION**

Position Applied For:

Full Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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*Surname*

*First names*

*First name by which you are known*

**CONTACT INFORMATION**

Telephone:

Email:

Address:

<input type="text"/>	<input type="text"/>
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*House N°*

*Street*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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*City*

*Country*

*Postcode*

**PREVIOUS ADDRESS IN PAST FIVE YEARS IF APPLICABLE**

*PLEASE USE AN EXTRA SHEET IF NECESSARY*

Address:

<input type="text"/>	<input type="text"/>
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*House N°*

*Street*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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*City*

*Country*

*Postcode*

National Insurance Number:

Current Salary:

**RIGHT TO WORK REQUIREMENTS**

Do you require a Work Permit to work in the UK? Yes  No

(If your application is successful, you will be asked to provide documentary evidence of your entitlement to work in the UK before you commence employment)

Do you hold a current, valid Work Permit? Yes  No

If yes, when does this expire? (please add date): \_\_\_\_\_

**FUTHER INFORMATION AND CAREER HISTORY**

Please supply a full history in chronological order (with start and end dates and beginning with the most recent first) of all training / further education, employment, self-employment and any periods of unemployment since leaving secondary education. Provide, where appropriate, explanations for any periods not in employment, self-employment or further education / training and in each case any reasons for leaving employment.

*PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY.*

**EMPLOYMENT**

Dates	Employment	Reason for leaving

**EDUCATION**

Date	Qualification	Awarding Body	Grade (if applicable)

## EXISTING CONTACTS WITHIN THE SCHOOL

Please indicate if you know any existing employees or Governors at the School and, if so, how you know them.

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## REFEREES

Please give details of three professional referees below. **One referee must be your current or most recent employer.** Where you are not currently working with children but have done so in the past, one referee must be from the employer by whom you were most recently employed in work with children.

**Please note that references will not be accepted from relatives or from referees writing solely in the capacity of friends.**

We reserve the right to contact any of your previous employers.

<b>Referee 1</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Name</i>	<i>Job title</i>	<i>Relationship to you</i>

Telephone:  Email:

Address:

<b>Referee 2</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Name</i>	<i>Job title</i>	<i>Relationship to you</i>

Telephone:  Email:

Address:

<b>Referee 3</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Name</i>	<i>Job title</i>	<i>Relationship to you</i>

Telephone:  Email:

Address:

Please specify how you found out about this opportunity:

**DECLARATION**

I am aware that the post for which I am applying is exempt from the Rehabilitation of Offenders Act 1974 and therefore that all convictions, cautions and bind-overs, including those regarded as 'spent' must be declared. I have not been disqualified from working with children, am not named on DfES List 99 or the Protection of Children Act List, am not subject to any sanctions imposed by a regulatory body and

***EITHER***

I have no convictions, cautions or bind-overs

***OR***

I have attached details of convictions, cautions or bind-overs in a sealed envelope marked confidential

Signature:  Date:

**DATA PROTECTION**

Westminster School asks for personal information from job applicants to assist with the recruitment process. Employees involved with short-listing and appointment will have access to this data. If a candidate is unsuccessful, the application form and any other papers submitted will usually be destroyed six months after the appointment process has concluded. Queries about the processing of personal data should be sent to the school's Bursar by emailing [bursar@westminster.org.uk](mailto:bursar@westminster.org.uk). A more detailed privacy notice can be found on our website here: <https://www.westminster.org.uk/privacy/>



## WESTMINSTER SCHOOL

### EQUALITY AND DIVERSITY MONITORING FORM

Westminster School wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

We require your co-operation to enable us to do this, but filling in this form is voluntary.

Please return the completed form as part of your application. This is confidential and will not be shown to the recruitment panel; it will be used purely for monitoring purposes.

#### GENDER

Man  Woman  Intersex  Non-binary  Prefer not to say

If you prefer to use your own term, please specify:

#### ARE YOU MARRIED OR IN A CIVIL PARTNERSHIP?

Yes  No  Prefer not to say

#### AGE

16-24  25-29  30-34  35-39  40-44  45-49   
50-54  55-59  60-64  65+  Prefer not to say

#### WHAT IS YOUR ETHNICITY?

*Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box:*

##### **White**

English  Welsh  Scottish  Northern Irish  Irish  British  Gypsy or Irish Traveller

Prefer not to say

Any other white background, please specify:

##### **Mixed / multiple ethnic groups**

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say

Any other mixed background, please specify:

**Asian / Asian British**

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

Any other Asian background, please specify:

**Black / African / Caribbean / Black British**

African  Caribbean  Prefer not to say

Any other Black/African/Caribbean background, please specify:

**Other ethnic group**

Arab  Prefer not to say

Any other ethnic group, please specify:

**DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY OR HEALTH CONDITION?**

Yes  No  Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please specify:

*The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.*

**WHAT IS YOUR SEXUAL ORIENTATION?**

Heterosexual  Gay  Lesbian  Bisexual  Prefer not to say

If you prefer to use your own term, please specify:

**WHAT IS YOUR RELIGION OR BELIEF?**

No religion or belief  Buddhist  Christian  Hindu  Jewish

Muslim  Sikh  Prefer not to say

If other religion or belief, please specify: