

Please complete this form, together with a covering letter, and return it to: office@kensingtonwade.com

**1. PERSONAL DETAILS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: |  | First names: |  | | | Title: |  |
| Previous Surname  (if changed): | |  | | | | | |
| National Insurance Number:  DfE Number: | | | | | | | |
| Address:  Postcode: | | | | Telephone numbers: | | | |
| Work / Daytime: |  | | |
| Home: |  | | |
| Mobile: |  | | |
| Email address: | | | | | | | |

**2. PRESENT/MOST RECENT POST**

|  |  |
| --- | --- |
| Job Title: | Current / Most recent salary:  (Give scale if applicable) |
| Date started: | Date left (if applicable): |
| Name and Address of Employer: |  |
| Period of notice required: | |
| Outline of responsibilities: | |

***3.* EDUCATION AND QUALIFICATIONS**

## Secondary Education

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School / College | Dates | | Qualification | Level / Grade | Date of exam |
| From | To |
|  |  |  |  |  |  |

## Higher Education

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| University / College | Dates | | Qualification | Level / Grade | Date of exam |
| From | To |
|  |  |  |  |  |  |

## Relevant professional training / Membership of professional bodies

|  |  |
| --- | --- |
| Date | Course / Event / Membership details |
|  |  |

**4. PREVIOUS POSTS (MOST RECENT POST FIRST)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From | To | Job Title | Name and Address of Employer | Responsibilities |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | | | | |

## 5. PERSONAL INTERESTS

|  |
| --- |
|  |

**6.** **REFEREES**

|  |  |  |
| --- | --- | --- |
| Please provide details of two professional referees, including your current or most recent employer. Please let us know if you do not want us to contact them until after the interview. | | |
| Name: | Name: | |
| Position: | Position: | |
| Organisation: | Organisation: | |
| Address: | Address: | |
| Contact number: | Contact number: | |
| Email address: | Email address: | |
| Can contact before the interview: Yes/No | Can contact before the interview: Yes/No | |
| I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I have not been disqualified from working with children, am not named on DCSF List 99 or the Protection of Children Act List, and am not subject to any sanctions imposed by a regulatory body. I understand that if any of the information given is found to be inaccurate or misleading in any way, Kensington Wade reserve the right to withdraw any offer of employment, or to terminate any employment already commenced with immediate effect. I also understand that any offer and resulting employment will be conditional on satisfactory enhanced DBS (Disclosure and Barring Service), identity and qualification checks. | | |
| Signed: | | Date: |