



MILLFIELD

STRICTLY CONFIDENTIAL WHEN COMPLETE

APPLICATION FOR RETURNING STAFF FOR A TEMPORARY POSITION ON THE MILLFIELD HOLIDAY COURSES

(Please complete this form in BLACK ink or typescript as it may be photocopied.)

Position Applied for:		Are you available for the following course dates: Easter Course 28/3/10 -11/4/10 yes/no Induction + Summer Course 9/7/10 -22/8/10 yes/no	
Title:	Surname:	Forenames:	
Permanent Address (including Post Code):		Mobile telephone number:	
		Home telephone number (inc. STD code):	
Temporary Address (including postcode):		Dates at temporary address: From: To:	
Email address: PLEASE WRITE CLEARLY using the correct case			
NI Number:		Date and place of Birth:	
Have you ever attended the Millfield English Language Holiday Courses as a student? yes/no		Have you ever attended any Millfield School as a full time student? yes/no	
CV Updates: please use this space to tell us of any updates to your qualifications or experience since you last worked for Millfield Enterprises.			

CRIMINAL RECORDS CHECK

In connection with each appointment within this school we need to ask the following questions:

1. Have you ever been issued 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. You are required to declare any convictions or cautions you may have had, regardless of how long ago. Have you ever been convicted of a criminal offence? **Yes*/No**

If yes, please give details of conviction:

.....

** (Answering **yes** does not necessarily debar you from appointment. If **Yes**, you are required to give details as the post for which you are applying is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended. A subsequent offer of appointment will be dependent upon the completion of a satisfactory Criminal Records Bureau Check and references.)*

I hereby certify that the entries on this form are complete and correct to the best of my knowledge. I understand that, should I have deliberately made a false statement on this form, my future employment could be jeopardised or even terminated.

I agree that if my application is successful a CRB check for criminal convictions/actions will be made prior to confirmation of appointment.

Name: _____
(BLOCK CAPITALS PLEASE)

Signed: _____ Date: _____

MEDICAL STATEMENT

1. Describe your general health

2. Are you receiving any medication prescribed by your GP which could prevent you working with machinery or reduce your concentration levels? YES/NO (if yes please give explanation)

3. Are you aware of any medical condition that may prevent you from carrying out the duties of this role? YES/NO (if yes please give explanation)

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

Print Name:

Signed: _____ Date: _____