



# *Windsor High School*

**A Specialist Sports College**

Richmond Street

Halesowen

West Midlands

B63 4BB

Tel: 0121 550 1452

Fax: 0121 585 0610

## Application Form for Support Staff

**Name:**

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**Post applied for:**

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*This post requires an enhanced disclosure through the Criminal  
Records Bureau in accordance with the Protection of Children Act 1999*

## PERSONAL DETAILS

Surname ..... Forename(s) .....

Mr/Mrs/Miss/Ms ..... Telephone number(s) .....

Address ..... Home .....

..... Business\* .....

..... Post Code ..... (\* if we may contact you there)

..... Mobile .....

Do you have a current driving licence? ..... E-Mail .....

## EDUCATION AND TRAINING (including specialised and occupational)

Schools/Colleges attended since 11 (earliest first)	Dates	Examinations (include those to be taken)	Pass or Fail (plus grade)	Examination Dates
Responsible positions held, society membership, etc:		Current membership of professional bodies:		

## LEISURE

Leisure time activities

## ADVERTISING

Publication or source which attracted your attention to this post

**EMPLOYMENT RECORD**

**PRESENT APPOINTMENT**

Name and Address of Employer: ..... Position held: .....

..... Date appointed: .....

..... Present basic salary: £.....

.....

Period of Notice required by your present employer: .....

National Insurance Number:.....

**PREVIOUS APPOINTMENTS**

(please show most recent and work backwards)

From Month/Year	To Month/Year	Employer	Post Held	Reason for leaving

**REFERENCES**

Name and address of two people to whom reference can be made prior to interview (one of whom must be your present employer if you are currently employed). If you are known to them by any other surname, please enter that name where shown. If you do not wish reference to be made until you give permission, please enter 'x' in the box provided.

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Other Name ..... <input type="checkbox"/></p> <p>Telephone No .....</p> <p>Email Address .....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Other Name ..... <input type="checkbox"/></p> <p>Telephone No .....</p> <p>Email Address .....</p>
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**EXPERIENCE**

Please list all details relevant to this appointment and any other information you may wish to provide in support of your application. (Continue on a separate sheet, if necessary).



Please sign the completed form:

Signature: ..... Date: .....

If you are related to any Governor or employee of the school, please give name and relation

(please note canvassing will disqualify you) .....



You should return the form to the address stated in the advertisement.

For Administration Only			
Short List		Appointment	
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	