

This form will need to be copied, please type or write clearly in black ink.



Completed form to be returned to:  
Sedgehill School  
Sedgehill Road  
London SE6 3QW

Application for the post of:

.....

**1. PERSONAL DETAILS**

Surname:.....

First name:.....

Home Address: .....

.....

Tel No:.....National Insurance Number: .....

**2. PRESENT EMPLOYMENT**

Name of Employer:

.....

Address:..... Tel. No: .....

Post now held: ..... Date Appointed:

Present salary..... per annum. Grade: .....

Scale (if any) £ ..... per annum to £ ..... per annum

Notice required to terminate present employment: .....

Are you a contributor to, or subject to the provision of any Superannuation Act Fund? If so, please give details:

.....

.....

Summary of current responsibilities:

**3. PREVIOUS EMPLOYMENT**

Dates

Position held and summary of duties.

**4. EDUCATION, PROFESSIONAL TRAINING, QUALIFICATIONS**

Schools, Colleges attended in chronological order with dates. Please include educational and professional qualifications.

Any other relevant qualifications or records of achievement (eg. courses attended (chronological order with dates):

Qualifications will only be taken into account where they are strictly required for the post.

---

**5. GENERAL EXPERIENCE AND FURTHER INFORMATION:**

(Please append and number additional sheets as necessary).

**6. REFEREES**

All applicants who do not currently work for the London Borough of Lewisham are required to give the names and addresses of 2 persons willing to provide a reference, one of whom must be your present or most recent employer. A reference for internal applicants will be taken up with the line manager or section head. Please indicate who this is below (Note: References of internal and external candidates will be taken up prior to interview unless there is included here a specific request to the contrary).

1. Name: Post held:  
Address:

Telephone no:

2. Name: Post held:  
Address:

Telephone no:

**7. DECLARATION**

I hereby declare\* that to the best of my knowledge, I am not the parent, partner, child, stepchild, adopted child, grandchild, brother, sister, uncle, aunt, nephew or niece of any existing member, officer or servant of the Council of the London Borough of Lewisham, or the partner of such member, officer or servant.

.....  
\*If unable to make the declaration, the applicant should strike it out and disclose in the space above, any relationship of the nature referred to.

Date:.....

Signed:.....

Canvassing of members of the Council or any Committee of the Council directly or indirectly for any appointment under the Council shall disqualify the candidate concerned for that appointment.

Please indicate, where you first saw the advertisement for this post:

.....

## PERSONAL INFORMATION MONITORING FORM

In order to help the Council in its Equal Opportunity Policy you are asked to provide the following information. This information will only be used to monitor the Council's policy. It will not affect in any way your application for the post.

Job:.....

Male:  Female:

Age:  Date of Birth:

Ethnic Origin (please tick appropriate box)

<u>White</u>	<u>Mixed</u>	<u>Asian or Asian British</u>	<u>Black or Black British</u>	<u>Chinese or Other Ethnic</u>
British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Vietnamese <input type="checkbox"/>
Turkish/Turkish Cypriot <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>	Sri Lankan Tamil <input type="checkbox"/>		
		Other <input type="checkbox"/>		

Do you consider yourself disabled?  
 (Note: the Disability Act says that this would be 'a substantial or long term physical or mental impairment or health issue which could adversely affect your ability to carry on normal day to day activity')

If yes, please state nature of disability

Where did you hear about this vacancy?

