

International Summer School, Moira House, Upper Carlisle Road,
Eastbourne, East Sussex
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info@isschool.co.uk www.isschool.co.uk

APPLICATION FOR TEMPORARY SUMMER SCHOOL WORK

**Attach
recent
photo here.**

Post applied for: [redacted]
Surname: [redacted]
First name(s): [redacted]
Date of birth: [redacted] Age: [redacted] Sex: [redacted]
Nationality: [redacted]
Current work status: [redacted]
[redacted]

Permanent address: [redacted] [redacted] [redacted] [redacted]	Correspondence address (if different): [redacted] [redacted] [redacted] [redacted]
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Phone (day): [redacted] Mobile: [redacted]
[redacted]
Phone (eve.): [redacted] Fax: [redacted]
Email: [redacted]
I am available from: [redacted] To: [redacted]
How did you hear about Summer School work? [redacted]
[redacted]

EMPLOYMENT. *Starting with the most recent and including temporary work.*

Employer: [redacted] Address: [redacted]
Position: [redacted]
From: [redacted] To: [redacted]
Duties: [redacted]
[redacted]

Employer: [redacted] Address: [redacted]
Position: [redacted]
From: [redacted] To: [redacted]
Duties: [redacted]
[redacted]

Employer: [redacted] Address: [redacted]

Position: [redacted]
From: [redacted] To: [redacted]
Duties: [redacted]
[redacted]

EXPERIENCE WORKING WITH CHILDREN

[redacted]
[redacted]
[redacted]
[redacted]

EDUCATION AND QUALIFICATIONS.

Secondary Education (A levels or equivalent):

School: [redacted] Address: [redacted]
From: [redacted] To: [redacted]
[redacted]

EXAM	GRADE	YEAR	EXAM	GRADE	YEAR
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Higher Education:

Institution: [redacted] Address: [redacted]
From: [redacted] To: [redacted]
[redacted]

EXAM	GRADE	YEAR	EXAM	GRADE	YEAR
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

EFL TRAINING AND QUALIFICATIONS (for DoS/Teachers only)

Institution: [redacted] Address: [redacted]
From: [redacted] To: [redacted]
[redacted]

Exam passed: [redacted] Grade: [redacted]
[redacted]

Institution: [redacted] Address: [redacted]

From: [redacted] To: [redacted] [redacted]

Exam passed: [redacted] Grade: [redacted]

Institution: [redacted] Address: [redacted]

From: [redacted] To: [redacted] [redacted]

Exam passed: [redacted] Grade: [redacted]

SPORTS' COACHING QUALIFICATIONS. *Including pool lifeguard.*

Qualification	Awarding body	Date taken (mm/yy)	Valid until (mm/yy)
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

FIRST AID AND ANY OTHER QUALIFICATIONS.

Qualification	Awarding body	Date taken (mm/yy)	Valid until (mm/yy)
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

DRIVING. *It is useful if staff are able to drive minibuses. If you are prepared to drive a minibus you must send photocopies of both sections of your driving licence (plastic and paper) with this application and fulfil the criteria below. Be over 21 years old Have 3 years' driving experience in UK Have a clean licence*

Would you be prepared to drive a minibus? [redacted]

Do you have a current British Driving Licence with D1 category? [redacted]

Any endorsements? [redacted]

ACTIVITIES. *All staff (apart from Day Teachers) are involved in the Activities' Programme and it helps us to know your strengths. Please complete the following table.*

Activity	I do	I could	I could	Activity	I do	I could	I could
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	myself.	lead.	assist.		myself.	lead.	assist.
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drawing/painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mask-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rounders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bracelet-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Table Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DJ-ing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Badminton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Singing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cricket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cookery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Magazine writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerobics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Juggling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Netball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Squash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you plan a musical instrument?

Other(s):

PLEASE USE THE SPACE BELOW TO ADD ANY OTHER INFORMATION RELEVANT TO YOUR APPLICATION.

[Redacted space for additional information]

PROFESSIONAL REFERENCES. *To secure your application you must give **full** contact details for two referees. All references will be checked and will include a specific enquiry as to whether there is any impediment to you being employed in a situation where you will have responsibility for, substantial access to, and care of children under 16.*

1. Name: [Redacted] Address: [Redacted]
Capacity known: [Redacted]
Telephone: [Redacted]
Email: [Redacted]
2. Name: [Redacted] Address: [Redacted]
Capacity known: [Redacted]
Telephone: [Redacted]
Email: [Redacted]

REHABILITATION OF OFFENDERS ACT.

Do you have any criminal convictions? [Redacted]

Because of the nature of the work for which application is being made, the post is exempt from the provisions of Section 4(2) of the Act by virtue of the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act and, in the event of employment, any failure to disclose such convictions could result in dismissal. Any information given will be completely confidential and will be considered only in relation to an application to which the Order applies. **You need to be aware that all staff will require a CRB check.**

DECLARATION.

The information I have given on this form and elsewhere in connection with my application is accurate. I have not withheld any facts relevant to my application and understand that any misrepresentation or omission may render me liable to dismissal if engaged.

Signature:.....

Date:

.....

Thank you for taking the time to complete this application form. Please post it to the above address (FAO: The Director of Summer School)) along with any relevant documentation. We look forward to hearing from you.

INTERNATIONAL SUMMER SCHOOL IS AN EQUAL OPPORTUNITIES EMPLOYER