

This application form must be completed in full before it can be considered

PERSONAL DETAILS		
Surname		Forename(s)
Nationality		Eligibility – do you have the right to work in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>
Passport Number:	Place of issue:	Date of issue:
		Date of expiry:
Email	Current address:	Permanent address (if different):
Mobile		
Landline		
Skype		
CENTRE AND AVAILABILITY		
What Centre are you applying for?		When are you available to work?
Colchester	<input type="checkbox"/>	From: To:
Ipswich	<input type="checkbox"/>	Days off needed during this time? (please give reason)
Woodbridge (residential)	<input type="checkbox"/>	(please note we cannot always guarantee to accommodate your request)
ACADEMIC QUALIFICATIONS		
Qualification/subject	College/University/Institution	Date Completed
EFL QUALIFICATIONS		
Qualification (e.g. CELTA; Trinity Cert TESOL)	Awarding body (e.g. Cambridge; Trinity College)	Date Completed

ADDITIONAL QUALIFICATIONS

(e.g. valid DBS, driving licence, valid life-guarding or first-aid certificate etc. – please give dates)

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EMPLOYMENT HISTORY

Start with your current/most recent position. For EFL/ESL posts, please provide details about your specific duties, ages of students, involvement in activities and teaching programme etc. You will be asked to explain any gaps.

Dates	Employer (include country)	Position held	Reason for leaving

Details

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Please continue on a separate sheet if necessary

LANGUAGES	
Mother tongue	Other languages spoken (indicate level)
HEALTH/DISABILITIES	
Please give details of any medical conditions or disabilities that we should be aware of:	
PERSONAL STATEMENT	
Tell us why you are the right person for this job:	
REFERENCES	
Please provide contact details of two professional referees . One should be your current or most recent employer. We check references prior to interview. Please indicate if this is not acceptable to you. We cannot accept references from personal email addresses.	
Referee one	
Name:	
Position:	
Organisation:	
Relationship to you:	
Postal address:	
Email:	
Telephone number:	
Referee two	
Name:	
Position:	
Organisation:	
Relationship to you:	
Postal address:	
Email:	
Telephone number:	

Declaration

Because of the nature of the duties, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974. You must therefore declare any criminal convictions, cautions, reprimands, warnings or bind-overs you have ever had and give details of the offences.

Do you have any criminal convictions, cautions, reprimands, warnings or bind-overs? Yes No
If yes, please provide full details. Any information given is treated confidentially.

Do you have a (DBS) Disclosure and Barring Service certificate? Yes No

If yes, when was it issued?

By signing this form, I understand the following:

- An Enhanced DBS will be sought in the event of a successful application.
- I will be asked to explain any gaps in my employment history.
- All references will be followed up before interview and confirmation of appointment is dependent on suitability checks satisfactory to ilh.
- Requests for references will ask specifically if there is any reason why I should not work with children.

The information I have provided on this application form is accurate and complete.

Signature.....**Date**.....

We are an equal opportunities employer.