

# Jamia Al-Hudaa

## Job Application Form



### POST DETAILS

Post to which this application refers			
Location		On what basis are you applying for this post	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>

### PERSONAL DETAILS (Block Capitals)

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Forename(s)	
	Dr <input type="checkbox"/>	Other <input type="checkbox"/>			
Surname				Former Surname(s) (If you have used any)	
Date of Birth				Place of Birth	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Nationality		
Current Address				Town / City	
Postcode				Dates from	Dates to PRESENT
Tel (home)				Mobile	
Tel (work)				Email	
National Insurance No				Religion	

You must provide all other addresses where you have lived in the last 5 years. There must be no gaps in dates and please use extra sheet if necessary.

#### Previous Address 1

#### Previous Address 2

Address				Address			
City				City			
Postcode				Postcode			
Dates from			to	Dates from			to

**Under the Asylum & Immigration Act, you will be required to produce evidence of your right to work in the UK.**

Do you have the right to legally live and work in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If "yes", on what basis?				
If "no", on what basis will you have the right to live and work in the UK by the commencement date of this job?				
Is your permission to live and work in the UK time limited?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If "yes", please give details				
Do you have any professional or personal connection with a member of Jamia Al-Hudaa's staff or governing body?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If "yes", please give details				
Do you hold a valid driving licence for use in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Type	Provisional <input type="checkbox"/>	Full <input type="checkbox"/>	Other <input type="checkbox"/>	If "other" please specify
Do you have any endorsements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please state causes	

## FORMAL EDUCATION / QUALIFICATIONS

Please give details of qualifications obtained in chronological order starting with those obtained while at school and then through further and higher education. Please include any professional qualifications or government training schemes.

**You will be required to produce relevant educational & professional certificates before an offer of employment is confirmed.**

Dates				School / College / University / Professional Body and Location	Qualification/Subject/ Course	Grade/Mark or Qualification(s) gained & attainment level
from		to				
MM	YYYY	MM	YYYY			
MM	YYYY	MM	YYYY			
MM	YYYY	MM	YYYY			
MM	YYYY	MM	YYYY			
MM	YYYY	MM	YYYY			
MM	YYYY	MM	YYYY			
MM	YYYY	MM	YYYY			

## RELEVANT TRAINING

Please list any other relevant training (e.g., short courses attended) and dates

Date	Organising Body	Brief Description of course content

## OTHER SKILLS

Language (s) (spoken/ written)	
Computer literacy	
Other skills relevant to the post	

## FOR TEACHING POST ONLY

Do you have Qualified Teacher Status (QTS)? Are you recognised by the Department for Education as a qualified teacher in this country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give date of recognition	
Please quote Teacher Reference Number (TRN):	

## EMPLOYMENT HISTORY

Please list all employment since leaving full time education starting with most recent.

Employer's Name & Address	Dates				Job Title	Reason for Leaving
	from		to			
	MM	YYYY	MM	YYYY		
	MM	YYYY	MM	YYYY		
	MM	YYYY	MM	YYYY		
	MM	YYYY	MM	YYYY		
	MM	YYYY	MM	YYYY		
	MM	YYYY	MM	YYYY		

## BREAKS IN EMPLOYMENT HISTORY

If you had any breaks in employment since leaving school, please give dates and details of your activities during these times e.g. unemployment, raising a family, study, voluntary work etc.

Dates from / to				Reason for Break
MM	YYYY	MM	YYYY	
MM	YYYY	MM	YYYY	
MM	YYYY	MM	YYYY	
MM	YYYY	MM	YYYY	
MM	YYYY	MM	YYYY	
MM	YYYY	MM	YYYY	

## MEMBERSHIP / REGISTRATION WITH PROFESSIONAL BODIES

Name of Professional Body	Level / Type of membership	Reg. Number	Renewal Date

## REFERENCES

Please give details of at least two and ideally three, people who will be willing to supply a reference for you. Where possible two of these should be your most recent employers, or if you have not worked before, please use your school or college teacher/tutor. If this is not possible a suitable alternative would be a previous employer, business associate or leader/organiser of a voluntary organisation. References will not be accepted from relatives or from referees writing solely in the capacity of friends.

### REFEREE 1

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>	Forename(s)		
Surname			Occupation	
Address				Postcode
Tel No		Email		
May we contact the above person now? (Please tick as appropriate)			Yes <input type="checkbox"/>	No <input type="checkbox"/>

### REFEREE 2

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>	Forename(s)		
Surname			Occupation	
Address				Postcode
Tel No		Email		
May we contact the above person now? (Please tick as appropriate)			Yes <input type="checkbox"/>	No <input type="checkbox"/>

### REFEREE 3

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>	Forename(s)		
Surname			Occupation	
Address				Postcode
Tel No		Email		
May we contact the above person now? (Please tick as appropriate)			Yes <input type="checkbox"/>	No <input type="checkbox"/>

## MEDICAL STATEMENT

Are you suffering from any disease, disorder or medical condition which is or may be ongoing or which carries a risk of recurrence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details?		
How many working days in each of the last five years have you been absent through ill health? On each occasion what was the cause?		
If yes, please give details?		
Are there any special facilities you would like us to provide to help you attend or participate in an interview, or to perform job??		

## EXTRA SHEET

Please record any extra information below.

## DISCLOSURE & BARRING CERTIFICATE (DBS) AND REHABILITATION OF OFFENDERS ACT 1974

The appointment of any member of staff who may have contact with, or access to children or vulnerable adults will be subject to the receipt of a satisfactory disclosure from the **Disclosure and Barring Service (DBS)**. The DBS certificate will detail all convictions, including those which would otherwise be “spent” as well as details of cautions, reprimands or final warnings. The Disclosure certificate will only be requested in the event that you are successful in your application for employment. Please make the following declaration and tick the appropriate box.

**“I am aware that the post for which I am applying is exempt from the Rehabilitation of Offenders Act 1974 and therefore that all convictions, cautions and bind-overs, including those regarded as ‘spent’ must be declared:”**

I have nothing to declare.

I have convictions. (See Note below)

**Note:** (To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed “Private and Confidential – Criminal Convictions” and attach this to your completed Application Form)

### PERSONAL DECLARATION

**I declare that to the best of my knowledge the information that I have given in this form, accompanying CV and documents, is correct, and**

- I give permission for any enquiries that need to be made to confirm such matters as qualifications, experience, and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.
- I hereby give my consent for personal information (including recruitment monitoring data) provided as part of this application to be held on computer or other relevant filing systems in accordance with General Data Protection Regulation 2018.
- I have not omitted any material facts which may have a bearing on my application.
- I understand that any falsified or misleading information could result in my dismissal.
- I am not disqualified from working with children or subject to sanctions imposed by a regulatory body which would restrict me from applying for this post.

Signature		Date	
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# Jamia Al-Hudaa Self-Declaration Form



This form is to be completed by all staff as part of the school's pre-employment checks before employment. All staff are required to complete this form prior to commencing employment.

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>	Forename(s)									
Surname					Former Surname(s) (If you have used any)					
Date of Birth				Place of Birth	Town/City, Country					
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		Nationality							
Current Address					Town / City					
Postcode						Dates from			Dates to	PRESENT
<p><b>Please respond to the questions listed below and sign the declaration to confirm that you are safe to work with children. If you are unable to meet any of the following aspects, please disclose this immediately to the Head Teacher. Please tick yes or no against each point.</b></p>										
Have you been cautioned, subject to a court order, bound over, received a reprimand or warning or been found guilty of committing any offence since the date of your most recent enhanced DBS disclosure?									Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you been cautioned, subject to a court order, bound over, received a reprimand or warning or been found guilty of committing any offence either before or during your employment at this school?									Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you 'Disqualified from Caring for Children'?									Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you committed any offences against a child?									Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you been barred from working with children (DBS)?									Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you living with someone who has been barred from working with children (DBS)?									Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you living in the same household* as someone who has been disqualified from working with children under the Childcare Act 2006? <small>*Household – includes family, lodgers, house-sharers, household employees</small>									Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have your own children been taken into care?									Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have or are your own children the subject of a child protection order?									Yes <input type="checkbox"/> No <input type="checkbox"/>	

If you have answered 'Yes' to any of the question on Page 1, please provide further information below:

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Have you ever spent a period in residence overseas (i.e., not in the UK) for more than 6 months? If 'Yes', please provide details; Yes  No

Country where you lived		From			To		
1.		DD	MM	YYYY	DD	MM	YYYY
2.		DD	MM	YYYY	DD	MM	YYYY
3.		DD	MM	YYYY	DD	MM	YYYY

**DECLARATION**

I understand my responsibility to safeguard children, and I am aware that I must notify the Head Teacher immediately of anything that may affect my suitability to work with children.

I will ensure that I notify my employer immediately of any convictions, cautions, court orders, reprimands, or warnings I may receive.

I confirm that I am not living with a person who has been disqualified from working with children.

I will ensure that I notify my employer immediately if I live with a person who has been disqualified from working with children.

Signed		Date	
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**OFFICE USE ONLY**

Please record follow-on action taken where relevant:

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Signed (Head Teacher)		Date Action Taken	
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# EMPLOYEE PERSONAL DETAIL FORM

<b>SURNAME</b>						
<b>FORENAME</b>						
<b>D.O.B</b>				<b>GENDER</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<b>ADDRESS</b>						
<b>CITY</b>				<b>POSTCODE</b>		
<b>TEL NO</b>				<b>MOBILE</b>		
<b>E-MAIL ADDRESS</b>						

**PLEASE PROVIDE NAMES & ADDRESSES OF TWO EMERGENCY CONTACTS:**

EMERGENCY CONTACT 1						
<b>NAME</b>						
<b>ADDRESS</b>						
<b>CITY</b>				<b>POSTCODE</b>		
<b>TEL NO (Day)</b>				<b>TEL NO (Evening)</b>		
<b>MOB NO</b>				<b>RELATIONSHIP</b>		

EMERGENCY CONTACT 2						
<b>NAME</b>						
<b>ADDRESS</b>						
<b>CITY</b>				<b>POSTCODE</b>		
<b>TEL NO (Day)</b>				<b>TEL NO (Evening)</b>		
<b>MOB NO</b>				<b>RELATIONSHIP</b>		

**PLEASE PROVIDE NAME & ADDRESS OF YOUR GP (Health Centre):**

GP DETAILS			
<b>NAME OF DOCTOR</b>			
<b>ADDRESS</b>			
			<b>TEL NO</b>

FOR OFFICE USE ONLY			
<b>Date employment started</b>		<b>Date employment finished</b>	
<b>Employee No</b>		<b>Employed By</b>	

**Note: If you change your address or any other personal details then please notify the office straightaway.**



# Jamia Al-Hudaa



## CONFIDENTIAL MEDICAL QUESTIONNAIRE — COMPREHENSIVE

Please complete the questionnaire below. The information is required with your interests in mind. As a result of the information you have given, you may be referred to a doctor appointed by the organisation so that a medical examination can be carried out. If you wish, you may request an interview with the organisation's medical officer/nurse, either as an alternative to completing this form or to provide supplementary information or explanation.

A. Have you ever	No	Yes	Please give details
1. Had an operation?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Been seriously injured?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Received in-patient treatment for a physical or mental condition?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Been refused or dismissed from employment for health reasons?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Received a disability pension?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Had a disability?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Been made ill by your work?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Been refused a driver's licence because of ill health?	<input type="checkbox"/>	<input type="checkbox"/>	

### B. Do you suffer from or have you ever had?

Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Skin rashes/ eczema	Yes <input type="checkbox"/> No <input type="checkbox"/>	Swelling of legs/ankles	Yes <input type="checkbox"/> No <input type="checkbox"/>
High blood pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anaemia	Yes <input type="checkbox"/> No <input type="checkbox"/>	Menstruation or prostate problems	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>	Headaches (frequent)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Varicose veins	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cough (frequent)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Heart trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rupture	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rheumatic fever	Yes <input type="checkbox"/> No <input type="checkbox"/>	Chest trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>	Back trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>
Arthritis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fainting or dizziness	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ear trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>
Epilepsy/fits	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hay fever	Yes <input type="checkbox"/> No <input type="checkbox"/>	Eye trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>
Shortness of breath	Yes <input type="checkbox"/> No <input type="checkbox"/>	Jaundice	Yes <input type="checkbox"/> No <input type="checkbox"/>	Nerve trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you take medicine regularly?	Have you worked in a dusty trade?	Have you ever had a head injury?	Do you suffer from any other ailments?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

C. To the best of my knowledge and belief, the information given above is correct. I understand that if I am appointed and this information is inaccurate, I am liable to dismissal.

Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>		
Department	<input type="text"/>	Employee number	<input type="text"/>
Job title	<input type="text"/>	Date of transfer	<input type="text"/>



# DBS APPLICATION



## APPLICANT'S DETAILS (Block Capitals)

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>	Surname																	
Forename(s)			Middle Name																
Have you ever been known by any other names? If 'Yes', please give details below:					Yes <input type="checkbox"/> No <input type="checkbox"/>														
Previous Surname			Previous Middle Name																
Previous Forename(s)																			
Dates names used from		DD	MM	YYYY	to	DD	MM	YYYY											
Date of Birth	DD	MM	YYYY	Place of Birth	City/Town, Country														
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		Nationality																
National Insurance No									Nationality at Birth										
Current Address						Town / City													
Postcode									Dates from	MM	YYYY	Dates to	PRESENT						
Tel (home)						Mobile													
Tel (work)						Email													
You must provide all other addresses where you have lived in the last 5 years. There must be no gaps in dates and please use extra sheet if necessary.																			
<b>Previous Address 1</b>						<b>Previous Address 2</b>													
Address						Address													
City						City													
Postcode												Postcode							
Dates from		MM	YYYY	to	MM	YYYY	Dates from		MM	YYYY	to	MM	YYYY						
Job Title						Application Type		New Employee <input type="checkbox"/>		Existing Employee <input type="checkbox"/>									
Department		Jamia Al-Hudaa <input type="checkbox"/>		Madni Trust <input type="checkbox"/>		Al-Hudaa Nursery <input type="checkbox"/>													
*Do you have any convictions, cautions, reprimands, or final warnings, which would not be filtered in line with current guidance?											Yes <input type="checkbox"/> No <input type="checkbox"/>								
If 'Yes', please give details:																			
*For exceptions to this legislation or for more information please refer to Rehabilitation of Offenders Act 1974 at: <a href="http://www.justice.gov.uk/guidance/docs/rehabilitation-offenders.pdf">www.justice.gov.uk/guidance/docs/rehabilitation-offenders.pdf</a>																			
Signature									Date										

Please provide the following documents (Please tick the document you are sending).

- **One (1)** document from **group 1**; **and**
- **Two (2)** further documents from **group 1, 2a or 2b**; one of which must verify your current address.

**Group 1: Primary Identity Documents**

Document	Please tick ✓	Document	Please tick ✓
Current Valid Passport	<input type="checkbox"/>	Biometric Residence Permit (UK)	<input type="checkbox"/>
Current Driving Licence (UK/EU) (Full or provisional) Isle of Man/Channel Islands; photo card only	<input type="checkbox"/>	Adoption Certificate (UK and Channel Islands)	<input type="checkbox"/>
Birth Certificate (UK & Channel Islands) - issued within 12 months of birth. Full or short form acceptable including those issued by UK authorities overseas, such as Embassies, High Commissions and HM Forces			<input type="checkbox"/>

**Group 2a: Trusted Government / State Issued Documents**

Document	Please tick ✓	Document	Please tick ✓
Certified copy of Birth Certificate (UK and Channel Islands) – issued after the time of birth by Registrars. Photocopies not acceptable.			<input type="checkbox"/>
Current UK Driving licence (old style paper version)	<input type="checkbox"/>	HM Forces ID Card (UK)	<input type="checkbox"/>
Marriage / Civil Partnership Certificate (UK and Channel Islands)	<input type="checkbox"/>	Fire Arms Licence (UK and Channel Islands)	<input type="checkbox"/>

**Group 2b: Financial and social history documents**

Document	Issue date & Validity	Please tick ✓	Document	Issue date & Validity	Please tick ✓
Mortgage Statements (UK or EEA)	issued in last 12 months	<input type="checkbox"/>	Bank or building society statements (UK or EEA)	issued in last 3 months	<input type="checkbox"/>
Bank or building society account opening confirmation letter (UK)	issued in last 3 months	<input type="checkbox"/>	Credit card statement (UK or EEA)	issued in last 3 months	<input type="checkbox"/>
Financial Statement, e.g. pension or endowment (UK)	issued in last 12 months	<input type="checkbox"/>	P45 or P60 statement (UK & Channel Islands)	issued in last 12 months	<input type="checkbox"/>
Council Tax statement (UK & Channel Islands)	issued in last 12 months	<input type="checkbox"/>	Work Permit or visa (UK)	Valid up to expiry date	<input type="checkbox"/>
Letter of sponsorship from future employment provider (non UK, non EEA only) - valid only for applicants residing outside UK at time of application	Must still be valid	<input type="checkbox"/>	EU National ID Card	Must still be valid	<input type="checkbox"/>
Central or local government, government agency, or local council document giving entitlement, e.g., from the Department of Work and Pensions, the Employment Service, HMRC (UK & Channel Islands)	issued in last 3 months	<input type="checkbox"/>	Letter from head teacher or college principal (UK) - for 16- to 19-year-olds in full time education - only used in exceptional circumstances when no other documents available	issued in last 3 months	<input type="checkbox"/>
Utility Bill (UK) - not mobile telephone bill	Must still be valid	<input type="checkbox"/>	Cards carrying the PASS accreditation logo		<input type="checkbox"/>

**FOR OFFICE USE ONLY**

Date Received		Date Processed		Date Certificate Received	
Payment Received		Payment Receipt No		Certificate No	