



Sheiling School Co-Worker Application Form

In order to further your application for a co-worker position at the Sheiling School in Thornbury we require that you complete the following application form.

Prior to completing the application form we require that you read and understand the document entitled 'Information for New co-workers', in addition, we would recommend that you familiarise yourself with the school via the website which can be found at www.sheilingschool.org.uk

All the information that you provide will be treated in the strictest confidence and will only be used for the purposes of this application.

We wish you well with your application and look forward to welcoming you to the school in the near future.

Personal Details

Title

First name

Second name

Surname

Date of Birth

Address

Email address

Telephone No.

Nationality

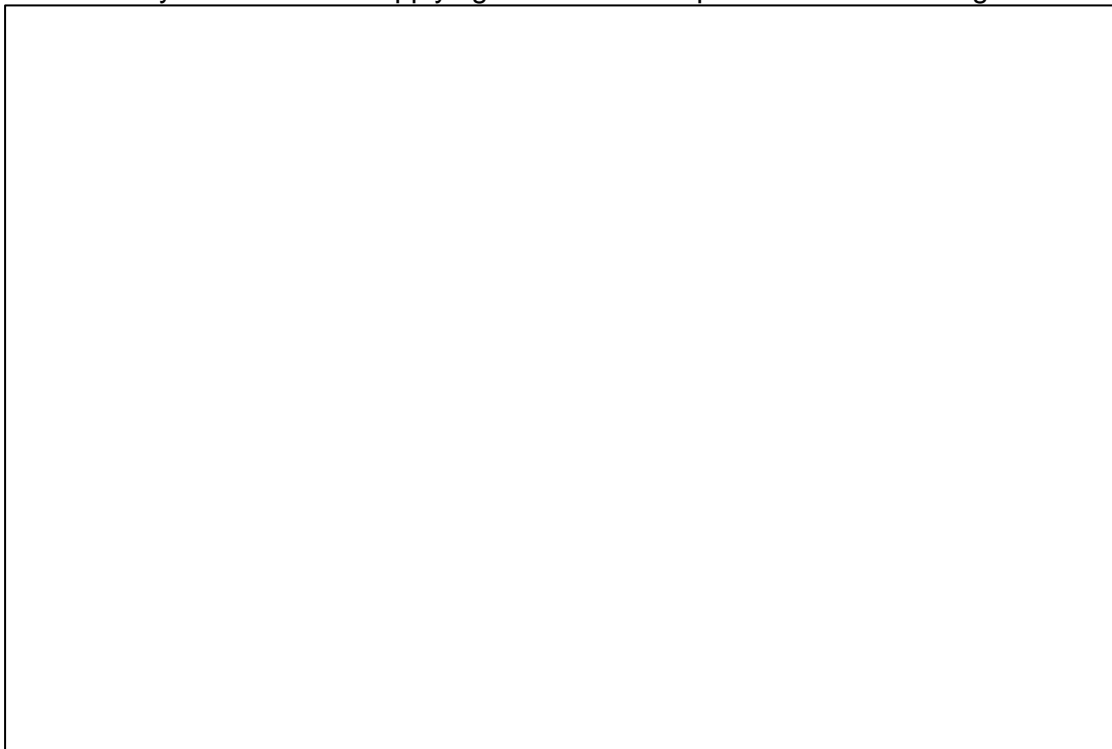
Gender:

Male

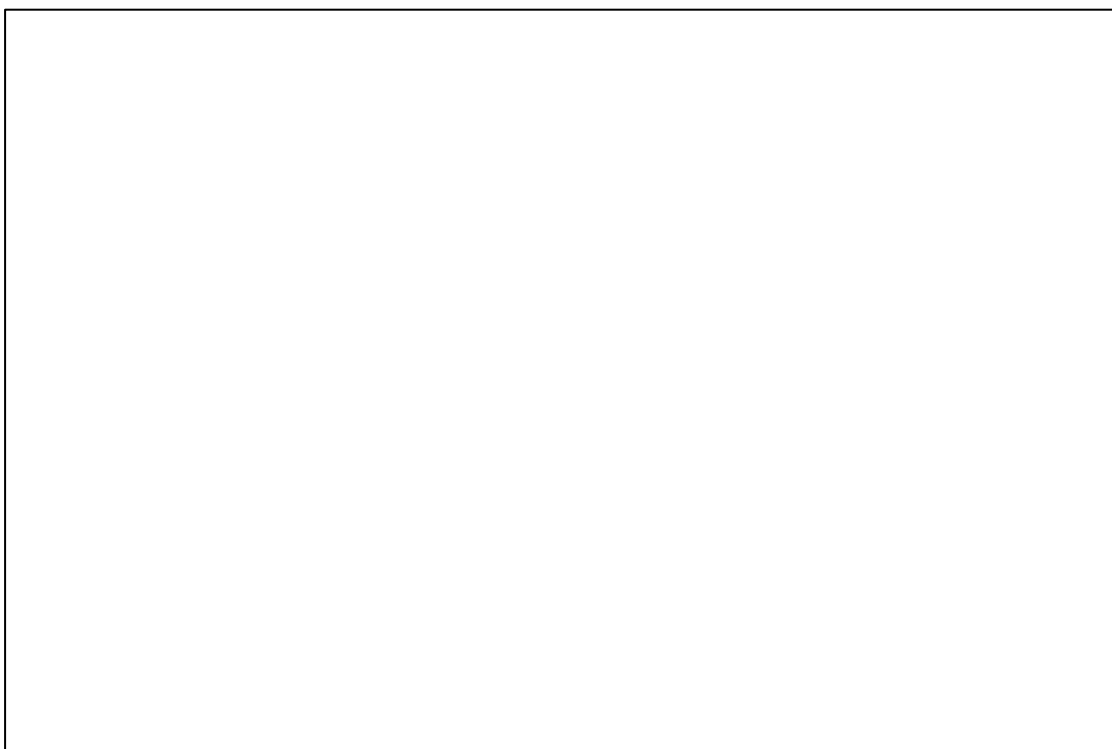
Female

Personal Qualities

1. What are your reasons for applying for a co-worker position at the Sheiling School?

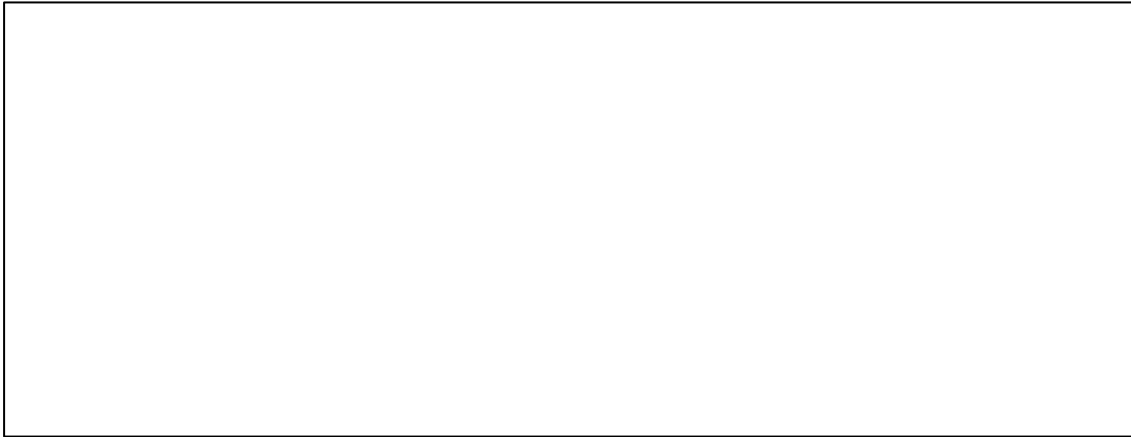


2. What are your main hobbies and interests?



Personal Qualities Continued

3. Why do you feel that you are suited to working with handicapped children?



4. Please describe any positions of responsibility you have had:



5. Do you any experience or knowledge of Waldorf Education/Anthroposophy?



Personal Qualities Continued

6. If there are any other personal qualities that you wish to draw to our attention that you feel are relevant for this application please provide details of them here:

7. Level of competence in spoken English:

Fluent

Working Knowledge

Basic

8. Level of competence in written English:

Fluent

Working Knowledge

Basic

Work Experience

Please provide details of any employment/work experience you have had.

Dates	Employer	Post Held	Duties

Medical Details

1. What is your general state of physical health?

2. Are you receiving treatment for any physical or medical condition?

3. Have you received such treatment during the last six months?

(If you answered 'yes' to either question 2 or 3 please send a medical note from your doctor)

4. Have you suffered from any previous illness of a serious character?

5. Do you suffer from any major infirmities?

Medical Details Continued

6. Have you taken any addictive drugs? If so, what type and for how long?

7. Was it necessary for you to receive treatment for the above?

8. Please use the space below to provide details of any other medical issues that you feel are relevant to your application:

Academic Qualifications

Please provide details of all the relevant academic qualifications that you have obtained/or that are currently pending:

Date qualification(s) Obtained/expected	Title of Qualification(s)

Please provide details of any other qualifications or training below:

Date	Title of qualification/training

Referees

In order to process your application we need the names and addresses of two referees.

First Referee:

Name

Address

Email address

Occupation

Second Referee:

Name

Address

Email Address

Occupation

Length of stay

As with most schools the Sheiling School operates on a three term basis – beginning in September and continuing through until the following July. The length of time that you wish to spend at the Sheiling School can normally be accommodated contingent with the staffing needs of the school at the time of application. In the light of this would you please indicate which time/length of stay you would like to apply for:-

- September to January
- January to July
- September to July
- More then 1 year
- Other (please specify)_____

It is important to note that priority will always be given to applicants that intend to stay at the school for one or more academic years.

Additional Information

In addition to the information you have provided by completing this application form we also request that you send us the following in order to further the application process and to comply with the various statutory requirements that Sheiling School has to operate within:-

- A passport sized photograph of yourself
- A certificate of Good Conduct from the Police
- A First Aid Certificate
- A copy of your CV

Declaration

I certify that the information given in this application form is correct and that I have not omitted any relevant details.

Signature: _____ Date: _____

Please return this form to:

Mrs S. Woodward
The Sheiling School
Thornbury Park
Thornbury
Bristol BS35 1HW
United Kingdom

Or email it as an attachment to:

mail@sheilingschool.org.uk

Or fax it to:

01454 411860