

## Personal Details

|                       |                         |
|-----------------------|-------------------------|
| <b>Full Name:</b>     | <b>Date of Birth</b>    |
| <b>Address:</b>       | <b>Post Code</b>        |
| <b>Mobile Number:</b> | <b>Landline Number:</b> |
| <b>Email Address:</b> |                         |

## Emergency Contact Details

|                             |                         |
|-----------------------------|-------------------------|
| <b>Name of next of Kin:</b> | <b>Relationship</b>     |
| <b>Address:</b>             | <b>Post Code</b>        |
| <b>Mobile Number:</b>       | <b>Landline Number:</b> |

## Work Details

|   |  |
|---|--|
| <b>National Insurance Number:</b>   |  |
| <b>UTR Number (if self-employed already)</b>  |  |
| <p>We will need to verify your right to work in the UK. To work self-employed in the UK, you need to be a UK citizen, hold Indefinite Leave to Remain (ILR) &amp; Settled Status or hold an appropriate visa. If you are uncertain, <b>please circle the answer that applies to you:</b></p> <p><b>I'm a UK citizen: Yes/No</b></p> <p><b>I hold ILR or Settled Status: Yes/No</b></p> <p><b>I have a visa that allows self-employment in the UK: Yes/No</b></p> <p><b>What type of Visa do you have?</b></p> |  |
| <p><b>Do you have a DBS clearance? Yes/No</b></p> <p><b>Is it on the update service?</b></p>  |  |

## Security Questions

This role is exempt from the rehabilitation of Offenders Act as you will be working with primary and secondary children in school classrooms. Therefore, you are required to disclose any spent or unspent convictions.

Have you at any time received or had pending a criminal conviction, caution, warning, reprimand or bind-over? Yes/No

Please give more details if the answer is yes.

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Have you ever been barred from working with children or young people? Yes/No

## Medical Questions

**Please state any medical conditions that we should be aware of in the event of an emergency (e.g. epilepsy, allergies)**

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**Do you have any medical conditions that may affect your ability to work with children or young people?**

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## References

We need two references, one of which must be from your most recent employer. The other one can be from professional (another employer, academic or a character reference) who is not related to you.

### Reference 1

|                                      |  |
|--------------------------------------|--|
| <b>Full Name:</b>                    | <b>Job Title:</b>  |
| <b>Organisation:</b>                 | <b>Contact Address:</b>  |
| <b>Contact Number:</b>               | <b>Contact Email:</b>  |
| <b>Email Address:</b>                |  |
| <b>How long have they known you?</b> | <b>Type of reference:</b><br><b>Employer/Academic/Other Professional</b> |
| <b>How do they know you?</b>         |  |

### Reference 2

|                                      |  |
|--------------------------------------|--|
| <b>Full Name:</b>                    | <b>Job Title:</b>  |
| <b>Organisation:</b>                 | <b>Contact Address:</b>  |
| <b>Contact Number:</b>               | <b>Contact Email:</b>  |
| <b>Email Address:</b>                |  |
| <b>How long have they known you?</b> | <b>Type of reference:</b><br><b>Employer/Academic/Other Professional</b> |
| <b>How do they know you?</b>         |  |

## **Bank Details**

**Bank/Building Society:**

**Name of Account Holder:**

**Sort Code:**

**Account Number:**

## **Confirmation and Declaration**

- I confirm that all the details provided in this form are correct and accurate. I understand that if I have provided false or misleading information this may result in the application being rejected and termination of contract with VSTEAM Education. I also agree the information provided in this form will be used to assess my suitability to work with children and young people.
- I give VSTEAM Education permission to contact my referees for a reference on my behalf.
- I confirm I have the right to work in the UK and can provide the relevant documents as proof.
- I give VSTEAM Education permission to process a DBS check if required as part of working for them.
- I agree to provide information to VSTEAM Education, if my suitability to work with children changes.

Signature:

Full Name (in Block Capitals)

Date: