



Short Term Co-worker Application Form

Dear Applicant

Here is our application form. All the questions should be self explanatory but if you need any clarification please send me a message by using the communication site or by emailing me.

I look forward to receiving your application form.

Jim Alexander
Head of Care
Ochil Tower School
140 High Street
Auchterarder
PH3 1AD
Scotland
Email: jim.alexander@ochiltowerschool.org

Period you are applying for:

Please give dates below. You should note that preference will be given to co-workers who are able to stay for the full school year.

From: _____ To: _____

Name and Address

First Name(s) and Surname:

Date of Birth:

Nationality:

Address:

Phone Number:

Mobile Number:

Email Address:

Skype Username:

Identity or National Insurance Number:

Name(s) of Next of Kin:

Address of Next of Kin:

Tel Number of Next of Kin:

Email Address of Next of Kin:



Short Biography

Please give a brief description of your life:

Primary and Secondary Education

Name and Address of School:

Certificates Obtained:

Education and Dates:

Name and Address of School:

Certificates Obtained:

Education and Dates:

Name and Address of School:

Certificates Obtained:

Education and Dates:

Further Education

Name and Address of University or College:

Full / Part Time:

Certificates Obtained:

Education and Dates:

Name and Address of University or College:

Full / Part Time:

Certificates Obtained:

Education and Dates:



Name and Address of University or College:

Full / Part Time:

Certificates Obtained:

Education and Dates:

Please attach / include your award certificates

Details for previous occupations

Employer's Name and Address:

Dates (From - To):

Position Held:

Employer's Name and Address:

Dates (From - To):

Position Held:

Interest and Skills

Reason for applying to work in a Camphill Community

Interests and Skills

Experience with children or people with special needs



References

Two references are required. Please give full names and addresses. DO NOT GIVE THE NAMES OF RELATIVES OR FRIENDS. Please give a named person and not just the name of an organisation or company. For example: a teacher, a previous employer, a member of the Church, etc. References may be sent with the completed Application Form, but I will also directly contact the referees for independent references.

Referee 1

Referee 1: First Name(s) and Surname

Relationship

Address

Email

Telephone Number

Referee 2

Referee 2: First Name(s) and Surname

Relationship

Address

Email

Telephone Number

Confidential Medical Questions

What is your general state of physical health?

What is your general state of mental health?

Are you currently receiving treatment for any physical or mental condition

No / Yes

If Yes, please give details

Previous illnesses of a serious nature:

Have you taken any addictive drugs?



No / Yes

If yes, what type and for how long?

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

Please ensure that your dental and ophthalmic requirements have been met before arriving at Ochil Tower School.

Please download the Doctor's Certificate Form. After you Doctor has filled it in, you can scan and attach it here, but you will also have to send me the original by post. You find my address below.

Police Check 1

REHABILITATION OF OFFENDERS ACT 1974

Although certain convictions can be considered as 'spent' after the elapse of a number of years (Rehabilitation of Offenders Act 1974), we ask anybody who is seeking to work at Ochil Tower School to disclose any convictions as the nature of the offence will be taken into account.

Please complete the following information:

Your Title

Your First Name(s)

Your Surname

Your Date of Birth

Your Place of Birth

Maiden Name (if appropriate)

Police Check 2

Please list all addresses lived at since your 16th Birthday.

Please include travel undertaken in the last 3 years where you have lived away from normal residence for more than 3 months.

Your current and previous Addresses:

Address 1

Street Name:

House Number:

Town:

County:

Post Code:

Country:

Living at this address from: _____ to: _____



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Address 2

Street Name:

House Number:

Town:

County:

Post Code:

Country:

Living at this address from: _____ to:

Address 3

Street Name:

House Number:

Town:

County:

Post Code:

Country:

Living at this address from: _____ to:

Address 4

Street Name:

House Number:

Town:

County:

Post Code:

Country:

Living at this address from: _____ to:

Please declare any convictions (including spent convictions) below. Please describe offence, date and sentence, or write 'none' as appropriate.

Police Check 3

For UK citizens or applicants applying within the UK only

Protection of Vulnerable Groups Scheme PVG: Should we appoint you to a post considered to be a childcare position you will be required to become a member of the PVG scheme.



Ochil Tower School

If you are applying from outside the United Kingdom, please obtain a certificate issued by the local police station, stating that you do not have no criminal record. You can attach a copy here, but you will also have to send the original document.

Submission Check List

Doctor's Certificate

Police Certificate

Confirmation

I confirm that to the best of my knowledge the information I have provided is correct.

Yes / No

Date

Signature (Printed form only)

Please post and email this form to:

Jim Alexander
Head of Care
Ochil Tower School
140 High Street
Auchterarder
PH3 1AD
Scotland

[Email: jim.alexander@ochiltowerschool.org](mailto:jim.alexander@ochiltowerschool.org)