

EMPLOYMENT APPLICATION FORM

(Please complete <u>all</u> sections.)

Applicant Det	ails:							
Position Applied for :			Dep	Department:				
Given Names (as in passport):			Surr	Surname /Family Name:				
Date of Birth: Place of Birth			Birth:	h: Country of Birth:				
Nationality:			Seco	Second Nationality (dual nationality if applicable):				
Passport No.: Issue Date:				Place of Issue: Expiry Date:			ate:	
Marital Status:			Reli	Religion & Sect:				
Email id:								
Contact details	in Home Country	•						
Full Address:								
Telephone No:				M	Iobile No:			
Contact details	in UAE (if applicabl	e):						
Full Address:								
Telephone No:				Mobile No:				
Family & Pass	sport Details: (ple	ase use dd-mmm-y	yyy format	for a	all date fields)			
	Full Name as ir	n Passport	Dat	te of	Birth	Passport Nu	mber	Will reside with you in the UAE? Yes/No
Spouse								
Dependant 1								
Dependant 2								
Dependant 3								
Parents Detail	ls:							
Mother's Full Name:				Father's Full Name:				
Nationality:				Nationality:				
Place & Date of Birth:				Place & Date of Birth:				
Occupation:				Occupation:				
Place of Work:				Place of Work:				
Details of Pre	vious Travel to tl	ne UAE:						
Date & Port of Entry:					Sponsor Upon Entry:			
Covid 19 vaccination status:					Name of Vaccine:			
Date of Booster shot taken:					If not vaccinated -exemption details:			

Current Employment:	Current Employment:							
Present occupation Sa			alary					
Length of service with curre	ent employer		Notice period requir	Notice period required				
Employment History: (m	ost recent fir er children.	st) Please detail	any gaps in employ	ment e.g. travellii	ng, or looking			
Employment dates		inc address)	Position held	Reason	for leaving			
Please continue on a sepa	rate sheet if	necessary.						
References: Please give the								
must be your most recent employer. References will not be accepted from relatives or from people writing solely in the capacity of friends. Please note any previous employer may be approached for a reference.								
Name			Name					
Address			Address					
Phone no		Phone no						
Occupation		Occupation						
Capacity known			Capacity known					
E mail address			E mail address					
Education, Qualification and Training:								
School Qualification			Grade	Date				

University/College	Qualification	Grade	Date				
Teaching Qualification /PGCE /QTS							
Please continue on a separate sheet	if necessary.						
Other skills: Please list any other skills	or interests relevant to the post.						
Please continue a separate sheet if necessary.							
A letter of application containing an account of your suitability for this post should accompany this							
form.							

Pleas	se provide your DFE reference number:		
Do y	ou have a Qualified Teacher (QTS) status?	Yes	No 🗌
Are y	ou registered with the GTC for England?	Yes	No 🗌
Ment	tion N/A if not applicable:		
	there any restrictions to your residence in to oyment in the UAE?	_	_
Ment	tion N/A if not applicable:	Yes	No 🗌
•	s to the above, are there any factors that would details.	restrict your abilit	y to obtain a valid work permit
Brig	ou are related to any existing employees, puthton College Abu Dhabi, please state the relation N/A if not applicable:	- 0	of Brighton College UK or
Doy	you consider yourself to have a disability?	Yes No No	
If so	o, do you require any special arrangements to e	nable you to atten	d interview?
Doy	you consider yourself to have any of the medica	al condition as liste	ed below ?
•	Diabetes Mellitus	Yes	No 🗌
•	Hypertension	Yes	No 🗌
•	Active Asthma	Yes	No 🗌
•	Cardiac Disease	Yes	No 🗌
•	Liver Disease	Yes	No 🗌
•	Autoimmune disease	Yes	No 🗌
•	Other chronic illnesses that could define them a	as high risk. Yes	No 🗌
If so	, do you require any special arrangements to e	nable you to atten	d interview?

Health record:	
Please estimate the number of days' absence taken due to sickness in the last two years:	
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	_
I hereby declare that I am not on the ISA Barred List (List 99), disqualified from working with children subject to sanctions imposed by a regulatory body, e.g. the General Teaching Council (GTC), and have convictions, cautions, or bind-overs. Alternatively, if applicable, details regarding my record have be attached in a sealed envelope marked confidential.	e no
I confirm that the information given on this form is, to the best of my knowledge, true. Any false statem may be sufficient cause for rejection or, if employed, dismissal.	nent
I agree that Brighton College Abu Dhabi reserves the right to require me to undergo a medical examinat I agree that this information will be retained in my personnel file during employment and for up to years thereafter, and I understand that the information will be processed in accordance with the UK I Protection Act.	six
Signed: Date:	
hereby declare that the information given on this application form is true and accurate.	
Signed: Date:	
This post is exempt from the Rehabilitation of Offenders Act. Brighton College is committed to safegua	rding

This post is exempt from the Rehabilitation of Offenders Act. Brighton College is committed to safeguarding and promoting the welfare of children; all successful applicants will be subject to an enhanced DBS disclosure.

Brighton College Abu Dhabi is an Equal Opportunities Employer.

Brighton College Abu Dhabi is committed to safeguarding and promoting the welfare of children and young people and expects all its employees and volunteers to share this commitment. All employees resident in the UAE are subject to the laws of the United Arab Emirates and the regulations of the Department of Education and Knowledge (ADEK)

April 2018