



PLEASE RETURN TO:

Freepost RRTL-UXZE-GCHS
Ardmore Language Schools
Hall Place, Burchetts Green
Maidenhead SL6 6QR
Tel: +44 (0) 1628 826699
Fax: +44 (0) 1628 829977
E-mail: jobs@theardmoregroup.com
Website: www.theardmoregroup.com

Please attach a current photograph of yourself

CONFIDENTIAL APPLICATION FORM 2012

Name of Applicant (BLOCK CAPITALS PLEASE)

Title (Mr/Mrs/Ms).....
First name.....Surname.....

Position Applied For

Residential / Non-Residential (please delete as applicable)

Dates Available From To

Preferred choice of Ardmore Centre

1. 2. 3.

I have/have not worked for Ardmore before (please delete as appropriate)

If so, which Centre

PERSONAL DETAILS

Permanent Address University/Correspondence
.....
.....

Post Code..... Post Code.....

Between dates of

Telephone No: Mobile No:

E-mail:

Date of Birth Place of birth: Nationality:

National Insurance No:

Present Occupation Are you a Smoker/Non Smoker?

For non British and Non EC nationals only.

Do you require a work permit? YES or NO (delete as necessary)

Date of entry into the UK:

Where did you hear about Ardmore?

Do you hold a full current driving licence? Date passed

Details of endorsements

Do you have additional licences? PCV HGV

CURRENT OCCUPATION

Student

Name of College/University Course

Address Course Started

Other

Employment

Name of Employer Position

Address Starting Date

PREVIOUS EMPLOYMENT

Name and Address of Employer	From	To	Position Held

NB All gaps in CV must be explained satisfactorily

EDUCATION & TRAINING (please supply a copy of your Degree certificate, if applicable)

School/College/Further Education	From	To	Qualifications Gained

TEACHING ENGLISH AS A SECOND OR FOREIGN LANGUAGE (please supply a copy of TEFL certificate)

Qualification Gained	Awarding Body	Obtained At	Date Passed

How long was your TEFL course: eg. CELTA/TRINITY TESOL or Degree Course

How many observed hours:

How many years' experience in teaching:

(a) Juniors (5-17) (b) Adults (18+)

SKILLS AND EXPERIENCE

Please indicate your skills and experience of the activities listed below, selecting your level of proficiency in each relevant box. If you hold a qualification related to the specified activity, please state:-

Proficiency levels

- 1 = You have some personal experience
- 2 = You have some experience of teaching or a high proficiency level
- 3 = You have recognized coaching qualifications

	Level 1	Level 2	Level 3	Qualification (valid July & August 2011)
Arts & Crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Badminton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball / Rounders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifeguard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rugby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watersports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other relevant Experience

.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LANGUAGES SPOKEN (Please specify level and any qualifications)

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EXPERIENCE WITH CHILDREN (Please give details)

WHY DO YOU FEEL YOU ARE A SUITABLE CANDIDATE FOR THE ARDMORE GROUP?

Include personality details, voluntary work and leisure interests.

Please continue on a separate sheet if necessary.

HEALTH RECORD

Please give details of any serious illness or treatment within the last five years.

NAME AND ADDRESS OF TWO REFEREES (Please include at least 1 previous employer)

1. 2.

.....

.....

Tel. No. Tel. No.

Email: Email:

**Where possible, please provide the email address of your referees.
All references will be followed up.**

DECLARATION OF CRIMINAL OFFENCES

As a prospective employee of Ardmore, who will be working with children, you are required to declare any Criminal Offences including those which would otherwise be regarded as spent by virtue of the Rehabilitation of Offenders Act 1974 and give details of any convictions/Cautions Admitted (including spent convictions). If you do not admit to any offences, please enter **NONE** in this section.

.....

.....

I give my permission for the Police to be approached to check for any criminal convictions in accordance with the terms of the Home Office Circular 44/86DHSS/Circular 10/86 2 protection of children (Disclosure of Criminal background of those with Access to Children2). I certify that the information given above is comprehensive and accurate.

Signed: Date

PLEASE READ AND SIGN

The information given by me in this form is to the best of my knowledge both true and accurate.

Signature Date

The details you have provided may be kept on file so that we can advise you of other opportunities that may be of interest to you in the future. The details will not be passed on to any other organisation

WHAT HAPPENS NOW?

Before returning this form please read through it again and ensure that you have answered EVERY question fully. **Please enclose a passport sized photograph**. It is important to return this from to us quickly to avoid disappointment. Interviews will be arranged with successful applicants. For all successful applicants, proof of identity will be required upon arrival at the Centre.