

Application Form

If you wish to be considered for a place on one of the courses on offer please complete the box below and the medical questionnaire on the reverse of this sheet of paper. Then prepare a short account of the sort of the characteristics you would expect to find in an ideal teacher. This piece of work must be hand-written and approximately two sides of A4 paper in length. It must be your own unaided work. Send this piece of written work together with this application/medical form, an up-to-dated curriculum vitae and a photocopy of your highest educational qualification (so if you have H.N.D., for example, do not send a copy of a GCSE or school certificate) to:

The Principal, The Kent & Sussex Montessori Centre, "Hoath Hall",
Walnut Tree Cross, Chiddingstone Hoath, Edenbridge, Kent TN8 7DD.

Please telephone the Centre on 01892 870740 if there is anything which is not clear to you. On receipt of your papers we will contact you to discuss your application and arrange an interview, so do please make sure you have given your telephone number(s). Please add a note of any times when you may not be available.

PLEASE PRINT	
Name	
Address	
.....	Post code
Telephone (day):	(evening):
Email:.....	

Course applied for:

Full time/Part-time: (delete as applicable)

Date course commences:

I wish to apply for a course at the Kent & Sussex Montessori Centre. I understand that completing this form does not commit me to accepting a place, should it be offered, and that place offers are made entirely at the discretion of the Centre. I have enclosed the following papers:

- Curriculum vitae.
- Photocopy of highest qualification.
- Written work about an ideal teacher

Signed Date

MEDICAL QUESTIONNAIRE

Strictly Private and Confidential

As you will be working with children during your course, it is necessary for you to complete this form. Please answer all questions and return the form as directed. *If the answer to any question is YES, please give details on a separate piece of paper.*

1. Have you ever been convicted or found guilty of any offence by any court (even if you were only put on probation, conditionally discharged or bound over)?
NO YES

2. Have you had a summons or any charge brought against you (for any offence) which has not yet been disposed of? NO YES

Please note that jobs in nurseries and playgroups are Exempt from the provisions of the Rehabilitation of Offenders Act 1974 and that successful applicants for posts which bring them into close contact with children will be subject to police checks.

3. Have you suffered, or do you suffer from any of the following?

Heart condition	NO <input type="checkbox"/> YES <input type="checkbox"/>	Tuberculosis	NO <input type="checkbox"/> YES <input type="checkbox"/>
Epilepsy	NO <input type="checkbox"/> YES <input type="checkbox"/>	Allergy	NO <input type="checkbox"/> YES <input type="checkbox"/>
Diabetes	NO <input type="checkbox"/> YES <input type="checkbox"/>	Asthma	NO <input type="checkbox"/> YES <input type="checkbox"/>
Migraine	NO <input type="checkbox"/> YES <input type="checkbox"/>	Hepatitis	NO <input type="checkbox"/> YES <input type="checkbox"/>
Any other form of physical disability	NO <input type="checkbox"/> YES <input type="checkbox"/>		
Any form of mental illness or breakdown	NO <input type="checkbox"/> YES <input type="checkbox"/>		

4. Have you had any operations or hospitalisations during the past ten years? NO YES

5. Have you ever been tested for H.I.V.? NO YES
(if YES, please give date and result of test.)

6. Are you aware of any reason why you should not be in charge of young children? NO YES

I certify, under penalty of perjury, that the above information is correct and I understand that I may be liable for prosecution should any of the foregoing information prove to be false.

Signed..... Date