



CONFIDENTIAL PERSONAL DETAILS FORM – Teacher/Teaching Assistant

This form will NOT be used for short listing candidates for interview.

Application for the post of :

Last name (capitals): Mr/Dr/Mrs/Miss/Ms Male/Female (please delete as appropriate)	Forenames:	DCSF No:	
		GTC Registered : YES/NO	
		Restrictions: YES/NO (please provide details of any restrictions)	
		Nat Ins. No:	
Address: Postcode:	Telephone No. (home)		
	(mobile):		
	Telephone No. (work):		
	Email Address:		
		D.O.B.	Age

DECLARATION

I confirm that the information I have given in this form is to the best of my knowledge true and correct. I give my written consent that the School may use this information in order to comply with regulations and duties under the Data Protection Act 1998.

Signed:

Date:

Please return to : M A Weare, Bursar, Macclesfield High School, Park Lane, Macclesfield, Cheshire, SK11 8JR