



# Ochil Tower School

140 High Street

Auchterarder

Perthshire Scotland PH3 1AD

Telephone / Fax: (01764) 662416

## Co-Worker Application Form

### For Office Use

Doctor's Cert:.....

Police Check.....

2<sup>nd</sup> Letter.....

Ref One.....

Ref Two.....

Phone Interview.....

3<sup>rd</sup> Letter.....

Confirmation.....

Surname:.....Forenames:.....Male/Female  
(Block Letters)

Date of Birth:.....Married/Single

Nationality:.....

Children/Dependants (if any).....

Address:.....  
.....  
.....

Tel. No: ..... Fax No: .....

Email Address: .....

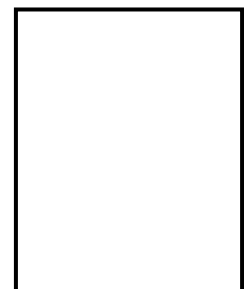
Identity Number or National Insurance Number .....

Next of Kin: .....

Address:.....  
.....  
.....

Tel. No: ..... Fax No: .....

Please affix a recent photo here:



## Ochil Tower School Co-Worker Application Form

1) Give a brief description of your life:

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2) Give details of your previous Education and Training:

Education and Dates (From - to)	Name and Address of School	Certificates Obtained Please include Grade/Pass Mark in English		
			Full or Part time	Qualification gained (enclose copy of award certificate)

Further Education Dates (From - to)	Name and Address of University/ College	Certificates Obtained Please include Grade/Pass Mark in English		
			Full or Part time	Qualification gained (enclose copy of award certificate)

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3) Give details of previous occupations, Professional and otherwise:

Employer's Name and Address	Dates ( From - to )	Position Held	Date of Leaving employment

4) Reasons for applying to work in a Camphill Community

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5) Interests and Skills?

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Ochil Tower School Co-Worker Application Form

6) Previous experience with children or people in need of special care?

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Period you are applying for From ..... until .....

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 we are required by law to send for references independently.

PLEASE PRINT CLEARLY IN BLOCK CAPITALS

1. Referee:.....	2. Referee: .....
Title/Relationship: .....	Title/Relationship: .....
Address:..... ..... .....	Address:..... ..... .....
Country:.....	Country:.....
Telephone No.:.....	Telephone No.:.....
Fax No.:.....	Fax No.:.....

**DECLARATION**

I have read and understood the co-worker information and declare that the information I have given is correct.

I hereby give my consent to Ochil Tower School to process this application (including all additional forms). I also agree to my application details being stored in any form including electronic media storage. My rights are protect4ed by the Data Protection Act 1998 and I have the right to access my personal information.

Signature.....Date of application.....

## Ochil Tower School Co-Worker Application Form

Any further questions or aspects of life in Ochil Tower you would like to know about:

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Please ensure that you have enclosed the following:

- Photo \_\_\_\_\_      Police Check \_\_\_\_\_      Medical Certificate \_\_\_\_\_  
Completed Application Form \_\_\_\_\_

Ochil Tower School Co-Worker Application Form Medical Certificate

Confidential Medical Report

Name of Applicant:.....Date of Birth:.....

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? Yes / No

If yes, please give details:

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Previous illnesses of a serious character:

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Have you taken any addictive drugs? Yes / No

If yes, what type and for how long?

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

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

Please obtain a letter from your Doctor describing your general state of health.

I declare that the above is true to the best of my knowledge

Signature.....Date.....

## Ochil Tower School Co-Worker Application Form Police Check

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.

### 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.

TITLE:	SURNAME:	FORENAME(S)				
DATE OF BIRTH:	PLACE OF BIRTH:	MAIDEN NAME:				
No.	STREET	TOWN	COUNTY	POST CODE	YEAR FROM	YEAR TO

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

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**This section to be completed by all applicants.**

For UK citizens or applicants applying within the UK only

Disclosure Check: Please confirm that you understand and agree to a Disclosure check should we wish to appoint you to a post considered to be a childcare position. Please tick:

If you are applying from outside the United Kingdom, please obtain a police check from your local police station. Photocopies are not accepted.

I declare that the above is true to the best of my knowledge

Signature.....Date.....

Name of applicant.....

Date of Birth.....

THIS FORM MUST BE COMPLETED BY YOUR FAMILY DOCTOR (GP)

THIS FORM CAN BE SENT SEPARATELY AND DOES NOT NEED TO BE ATTACHED TO YOUR APPLICATION FORM.

**Guidance notes for General Practitioners**

Ochil Tower School is an independent school for vulnerable children with learning disabilities.

All employees and voluntary workers at Ochil Tower School are required to submit a medical report certifying their health and fitness for the work that will be undertaken in the school. In this instance the applicant has applied for the position of:-

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It should be noted that this position will require daily interaction with the children and the applicant will regularly be dealing with physical disability and challenging behaviour.

This environment can be strenuous and the work requires physical and emotional stamina. One-to-one work with children, some physically disabled and others with challenging behaviour, may make demands upon the co-worker. If you have any questions or concerns about the physical or emotional health of the applicant, or if there are any ongoing medical or psychological conditions, please explain below. This should include but are not restricted to:

- History of substance abuse
- Psychological illnesses
- Epilepsy, allergies, back pain, etc.
- Any contagious or blood borne disease considered dangerous to others
- Any condition which may affect the applicant's performance or interfere with the health of the children he/she comes into contact with.

Name of Applicant.....

Date of Birth:.....

Comments:

Would the applicant have any special need of treatment whilst here?

Name: Dr. ....

Address .....

.....

Telephone No. ....

Date of Report .....

Official Stamp:

Should you have any questions or wish to seek clarification about the completion of this form, please contact me as follows:

By telephone:- 0044 (0) 1764 662416

Or by Email:- [office@ochiltowerschool.org](mailto:office@ochiltowerschool.org)

Any/all information provided will be held in strict confidence.

Thank you in advance for your co-operation.

Margaret Snellgrove

Joint Co-ordinator  
Ochil Tower School