

Please complete the following questions and email back to your consultant as soon as possible. Dream Education requires this information in case of emergency.

Name:

5. Health Declaration

Please declare, to the best of your knowledge, if you have ever suffered from the following:

Heart Disease or disorder	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fits, faints, blackouts or epilepsy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bronchitis, Asthma, Tuberculosis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Nervous or psychiatric conditions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Skin Disease or dermatitis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Recurring diarrhoea or bowel trouble	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eye disease or severe sight impairment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever changed job for health reasons?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you awaiting any surgical operation/hospital appointment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you suffer from hearing difficulties?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been referred to a psychiatrist?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had any alcohol or drug related problems?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you consider yourself to have a disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Answer to all is 'NO'	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please give any further information you may feel is relevant to the above:

Doctors Name and contact details:

Name:

Contact number:

Surgery Address:

6. Bank Details

Name of Bank:

Branch:

Account Number:

Sort Code:

Payment Method:

N I Number:

(JSA / PAYE / LTD Company)

7. Criminal Reference Check

Please tick on the right to indicate your current situation, reading the notes carefully:

I am a UK trained teacher and I can provide an original CRB clearance document	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I am a UK trained teacher with no police check, so will fill in a CRB application form.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I am an overseas trained teacher with an up-to-date police check from my home country.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I am an overseas trained teacher with no police check.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

All teachers who work for Dream Education are subject to an enclosed CRB check. If you are a teacher who is currently in the UK, Dream Education will require CRB clearance. The clearance has to be dated within the last 3 years and you will have no gaps in teaching history since the date of the CRB clearance. If you have employment gaps then Dream will require another check to be carried out.

If you are an overseas teacher, Dream Education require both an up-to-date police check from your home country and a CRB application to be completed.

8. Protection of Children Declaration

As you will be in close contact with young people, you are required to declare all criminal convictions which may be regarded as spent or otherwise.

I confirm that I have previous:

Convictions:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Cautions:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please give details:

Are there any cases pending against you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please give details:

Have you ever been the subject of a police investigation involving allegations of sexual abuse?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please give details:

9. Next of Kin

Name: _____ **Relationship to yourself:** _____

Telephone number: _____ **E-mail:** _____

Address: _____

10. Declaration:

I confirm that all of the information I have provided on this form is true and accurate to the best of my knowledge. I understand failure to declare any relevant information, or falsify the above may lead to my removal from the Dream Recruitment register. I declare that the information I have given is to the best of my knowledge true and complete. I certify that I have read and understood my obligation to comply with the above. I authorise Dream Recruitment medical advisors to contact my doctor and view my records should they deem it necessary. I understand that I may be required to attend a medical examination. I understand that I may be responsible for the expenses of any medical examination or report that may be required. I understand that failure to disclose information or giving false information will result in my name being withdrawn from the Dream Recruitment register. I authorise Dream Education to seek clarification on my enhanced CRB disclosure check from the relevant source.

Print Name: _____ **Date:** _____

Signed:..... - This can be signed upon interview