



Farnborough Grange Infant Community School An Academy in The Good Shepherd Trust

Supplementary Information Form for completion by applicants under Criterion 5 - Full-time or part-time members of staff on the school payroll at the closing date for applications and who have been so employed for two or more years at that date

OR who have been recruited to fill a vacancy for which there is a demonstrable skills shortage.

Name of Child:	D.o.B:
Name of Member of Staff:	
Date of commencement of employment:	
Signature of Member of Staff:	Date:
To be completed by the Headteacher of Farnborough Grange Nurse	ery/ Infant Community School

I confirm thatis working at Farnborough Grange Nursery/ Infant Community School and has done so from the date listed above OR, was recruited to fill a vacancy for which there is a demonstrable skills shortage (delete as appropriate).

Signature of Headteacher:Date:.....Date:.....

Parent(s) are to return this form at the time of making their application to: The School Office, Farnborough Grange Nursery/ Infant Community School.