

Application Form



Type of Post Applied for	<input type="checkbox"/> Teaching Staff <input type="checkbox"/> Support Staff
Post Title	
Please state how you found out about the vacancy	(e.g. please state website address / newspaper title)

If you choose to word process your application, please ensure you use Arial, font size 11

Personal Details

Family Name		Previous Names	
Forenames		Title	
Address			
Contact Number 1		Contact Number 2	
Which numbers are you happy to be contacted on? Contact 1 / Contact 2 / Both (Please delete as appropriate)			
Email Address		NI Number	
Are you entitled to work in the UK?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
** Please complete the remainder of this section for <u>Teaching Posts ONLY</u> **			
Date recognised as Qualified Teacher		DfE Reference Number	
Age range of pupils at current school		Number on roll	
Please give details of current salary and any additional points (please indicate in the appropriate fields below)			
Main Pay Scale <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 or Upper Spine <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or			
Leadership Pay Spine (please state range)			
Or AST/Excellent Teacher <input type="checkbox"/>	Any Allowances (please state)		

References (One reference should be your current employer)

**** Please note we will seek references should you be shortlisted for interview ****

Name		Name	
Organisation & Address		Organisation & Address	
Contact Number		Contact Number	
Email		Email	
Job Title		Job Title	
Relationship to Applicant		Relationship to Applicant	

Present Employment

<i>Post Title</i>		<i>Date Appointed</i>	
<i>Employers Name</i>			
<i>Employer Address</i>			
<i>Salary</i>		<i>Allowances</i>	
<i>Outline Key Responsibilities and Duties.</i>			

Education

<i>Dates From / To</i>	<i>Establishment</i>	<i>Qualification and Grade</i>

Membership of Relevant Organisations

<i>Date of Membership</i>	<i>Professional Body/Association</i>	<i>Membership Level</i>

Relevant Professional Development in the last 5 years

<i>Date Achieved</i>	<i>Organising Body</i>	<i>Subject</i>	<i>Award</i>	<i>Duration</i>

Previous Experience

(Please include all paid, unpaid and voluntary work, most recent first)

<i>Dates From / To</i>	<i>Employers Name & Address</i>	<i>Post Title</i>	<i>Reason For Leave</i>	<i>Salary & Allowances, Unpaid or Voluntary</i>

Break in Experience (If required please detail)

<i>Dates From / To</i>	<i>Reason for Break</i>

Interview Arrangements

Please indicate below any dates when you would not be available for interview.

Summary of Experience, Skills, Knowledge and Competencies

Please detail your relevant experience, skills, knowledge and competencies which you feel make you the best person for the job. Always give examples of things you have done in your work/home life to fulfil the person specification. Please use additional paper if required.

Summary of Experience, Skills, Knowledge and Competencies (*continued*)

Interests and voluntary work

Rehabilitation of Offenders Act, 1974 (Exceptions Order, 1975)

Please note that applicants for posts are not entitled to withhold information about past convictions, 'spent' or otherwise, under the terms of the above Act, as the Act made a specific exception in respect of all posts in Academies.

You must disclose any past convictions at the time of your application. In the event of employment being offered and taken up, any failure to disclose such convictions, cautions, warnings etc. is likely to result in disciplinary action by the Academy that may lead to dismissal. Any information may be given on a separate sheet in a sealed envelope from your application form and will be kept completely confidential.

In addition, as this post is defined as a 'regulated activity' this Academy will require the successful candidate to produce either a valid enhanced criminal record certificate or apply to the Disclosure and Barring Service for an enhanced check for a regulated activity.

Declaration: I have read and understood the above statement. If I have any convictions or cautions to declare I will supply written details of them, in a separate envelope marked 'Private and Confidential' with this application.

Signature

Date

Disability / Health Conditions

The Equality Act 2010 defines disability as 'A physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities.'

Please note, for jobs involving working with Children or Vulnerable Adults, the statutory regulations require us to ascertain whether the physical and mental fitness of persons appointed to such roles is at an appropriate level prior to any confirmation of appointment.

Do you consider yourself to be disabled? Yes/No (Please delete as appropriate)

Please indicate below if you require any reasonable adjustments, due to a disability or health condition, to enable you to attend an interview, or which you wish us to take into account when considering your application.

.....

Data Protection Act

The information you supply when requesting a job pack will be held for monitoring and evaluation purposes and in connection with any future contact. This information will be kept for a maximum of 18 months from last contact. When you sign and return this form you are giving your permission to process and hold the information you have supplied on it, including any information you consider to be personal and sensitive. If your application is unsuccessful, the form will be held for up to 6 months and then destroyed.

Additional Information, if required (Max 500 words)

Please detail any further information you feel is relevant to your application that has not already been covered on this application.

Applicant Declaration

I confirm that the statements in this application are true, correct and accurate and that I have not omitted any facts which may have any bearing on my application. By signing this form I agree to this Academy using this information to consult any third parties or external organisations for the purposes of confirming and/or clarifying such information.

I understand that if I don't tell you about any relationships with any employees of this Academy, or Governor of the Academy, or I neglect to tell you about any criminal convictions/cautions/reprimand/final warnings detailed in the guidance notes, and this is discovered after appointment, I could be dismissed without notice.

I can produce the original documents of my qualifications, prior to any appointment

I understand that any canvassing, directly or indirectly, will be a disqualification.

I understand I am required to provide documents proving eligibility to work in the UK, prior to any appointment.

I am prepared to undergo a medical examination, prior to any appointment.

Signature

Date

Monitoring Section

Post Applied for

Post Reference

It would be really helpful if you could complete this section for us. The Academy is committed to equality of opportunity in employment and service delivery and the information you provide will help us to ensure fair and equal treatment of applicants and employees alike. The details you supply will be stored separately to the information on the rest of the application form and will not be used as a basis for decision-making within the selection process.

1) How would you describe your ethnicity?

- | | | |
|---|--|---|
| <p>(a) White</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any Other White Background *</p> | <p>(b) Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any Other Mixed Background*</p> | <p>(c) Asian & British Asian</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any Other Asian Background*</p> |
|---|--|---|

*(please write in below)

*(please write in below)

*(please write in below)

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- | | | |
|---|--|---|
| <p>(d) Black or Black British Caribbean</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any Other Black background*</p> | <p>(e) Chinese or other ethnic group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any Other ethnic group*</p> | <p>(f) Gypsy/Traveller</p> <p><input type="checkbox"/> Irish Traveller</p> <p><input type="checkbox"/> Romany Gypsy</p> <p><input type="checkbox"/> Any Other Background*</p> |
|---|--|---|

*(please write in below)

*(please write in below)

*(please write in below)

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Prefer not to state

2) My sex is **Male** **Female** **Prefer not to state**

3) My date of birth is (DD/MM/YY) **Age:**

4) The Equality Act 2010 defines disability as:

'A physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal day-to-day activities.'

I consider myself to be

Disabled Non Disabled Prefer not to state

5) My religion is:

Buddhist Christian (all denominations) Hindu Jewish Muslim Sikh None
 Prefer not to state Other Please specify

6) My sexual Orientation is: Bi-sexual Gay Lesbian Heterosexual
 Transgender Prefer not to state Other Please specify

7) My Nationality is:

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Family Name

Forenames

<i>Office Use Only</i>	<input type="checkbox"/> Short listed	<input type="checkbox"/> Interviewed	<input type="checkbox"/> Appointed
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