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| **APPLICATION FORM** | |
| **POST:** | Part-Time Early Years Practitioner |
| **SCHOOL:** | Newhall Primary Academy and Nursery |
| **NAME:** |  |
| **DATE:** |  |

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| **SECTION 1 – PERSONAL DETAILS** | |
| Title (Mr, Mrs, Miss, Ms, Dr, Other): | Home Telephone No: |
| Surname: | Mobile Telephone No: |
| Forename: | Email address: |
| Names previously known by if applicable: | Date of Birth: |
| Full Address: | National Insurance number: |
| Teachers reference (if applicable): |
| Where did you hear about REAch2 and this opportunity? | |

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| **SECTION 2 – EDUCATION**  *(please include any higher education degrees in this section)* | | |
| Institution(s) Attended | Date (start to end) | Qualifications gained |
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| **SECTION 3 - PROFESSIONAL TRAINING AND DEVELOPMENT**  *(Please include details of any relevant training or staff development)* | | |
| Institution(s) Attended | Date (start to end) | Course completed |
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| **SECTION 4 – CURRENT EMPLOYMENT** | | |
| Employers Name: | | Position held: |
| Date commenced: | | Date of leaving if applicable: |
| Notice period: | | Grade/Salary: |
| Reason for leaving |  | |
| Description of duties and responsibilities |  | |

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| **SECTION 4 – PREVIOUS EMPLOYMENT** | | |
| Employers Name: | | Position held: |
| Date commenced: | | Date of leaving if applicable: |
| Notice period: | | Grade/Salary: |
| Reason for leaving |  | |
| Brief description of duties and responsibilities |  | |
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| Employers Name: | | Position held: |
| Date commenced: | | Date of leaving if applicable: |
| Notice period: | | Grade/Salary: |
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| Reason for leaving |  | |
| Brief description of duties and responsibilities |  | |

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| **SECTION 5 –PERSONAL STATEMENT**  *(Your personal statement should provide evidence/ examples of how you meet the person specification and your ability to carry out the job description. You could use the headings provided in the job description to structure your personal statement)* |
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| **SECTION 6 – REFERENCES** Please note that all references will be taken up prior to interviews.  *(Please provide the names, addresses and occupations of two referees, one of whom should be your present or last employer).* | |
| First References | Second References |
| Name: | Name: |
| Occupation: | Occupation: |
| Company address: | Company address: |
| Email address: | Email address: |

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| **SECTION 7 – CRIMINAL CONVICTIONS OR CAUTIONS** |
| A check as to the existence and content of any relevant criminal record will be requested from the Disclosure and Barring Service after a person has been selected for appointment. Refusal to agree to a check being made could disqualify you from being considered for the appointment.  Under the Rehabilitation of Offenders Act 1974, you have the right not to disclose details of ‘spent’ convictions. However, for certain jobs, employers are allowed to ask about these offences. The Rehabilitation of Offenders Act 1974 (Exception Amendment) Order 1986 sets out details of all jobs to which this applies and the job you have applied for is included in the list. The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found in the attached guidance.  Please give details of any relevant criminal convictions that you may have. The disclosure of a criminal record may not necessarily prevent you from being appointed. The nature of the offence, how long ago it took place, your age at the time and any other relevant factors may be considered when a decision is made. Please note that some convictions are never considered ‘spent’ under the terms of the Act. |
| Do you have any criminal convictions: Yes/No |
| If yes, please provide details of all relevant convictions, cautions, reprimands or warnings: |

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| **SECTION 8 – OTHER DECLARATIONS** | |
| Are you related to any member of the governing body? *(any canvassing direct or indirect will disqualify)* | Yes / No |
| If Yes, please give details: | |
| To the best of my knowledge and belief, the information on this application form is correct. | |
| Date: | Signed: |

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| **SETION 9: RETURNING YOUR COMPLETED APPLICATION FORM**  *(please return your completed application form and return all documents to the contact given)* | |
| Name: | Stef Montgomery |
| Email address: | Stephanie.montgomery@newhallacademy.org |
| Closing date: | 4th December 2020 |