



## Application Form

Applicant Surname (CAPITAL LETTERS):

Please return your completed application form to:

[applications@crgs.co.uk](mailto:applications@crgs.co.uk)

Thank you for your interest in this post.

The following information is necessary to ensure that full consideration can be given to all candidates. The information given will be treated as confidential.

Please complete the application form in black ink or type and ensure you complete all the sections. The Declaration must be signed and can be found on the reverse of this form. When submitting this form electronically you will be required to confirm the information is accurate by ticking the box in section 15.

If you have any special requirements and/or require reasonable adjustments to enable you to complete this form and/or during the recruitment process please contact the school office.

### Section 1

#### Post Details

Application for appointment as: \_\_\_\_\_

School: \_\_\_\_\_

Reference no. (if applicable) \_\_\_\_\_

Closing date: \_\_\_\_\_

**Section 2****Personal Details**

Last name and title: \_\_\_\_\_ First name (s): \_\_\_\_\_

Previous names: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home telephone no: \_\_\_\_\_ Home email address: \_\_\_\_\_

Work telephone no: \_\_\_\_\_ Work email address: \_\_\_\_\_

Address: \_\_\_\_\_

National Insurance no: \_\_\_\_\_

Do you have the right to work in the UK?

Yes

No

**Section 3****Present Employment** (if currently employed)

Employer's name and address (if applicable): \_\_\_\_\_

Nature of business: \_\_\_\_\_

Current post title: \_\_\_\_\_ Date appointed: \_\_\_\_\_

Grade/salary range: \_\_\_\_\_ Current salary: £ \_\_\_\_\_

Notice required: \_\_\_\_\_ Allowance(s) received: Type(s) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Value(s): £ \_\_\_\_\_

Please tick the box if you do not wish to be contacted at work



**Section 6****Breaks in Employment History**

If you have had any breaks in employment since leaving school, give details of these periods and your activities during these times e.g. unemployment, career break, voluntary work, training.

Start date	End date	Reason for break

**Section 7****Ability to travel (if required)**

Do you have a valid driving licence? Yes  No

Do you have access to a vehicle which you are able to use for work purposes? Yes  No

If not, are you able to travel, for work purposes, by another means of transport? Yes  No

**Section 8****Secondary School Education** (please list most recent first)

School(s)	From	To	Qualification/subject obtained and awarding body	Grade	Dates

**Section 9****Continuing Education** (University/College/Apprenticeships etc.)

Please list most recent first.

Education Establishments	From	To	Qualification/subject obtained and awarding body	Grade	Dates

**Section 10****Professional Qualifications**

Including details of professional association membership

Do you hold Qualified Teacher Status (QTS)?

Yes

No

Teacher Reference Number:

**If yes please complete the following:**

Date NQT Statutory Induction Period (if qualified since August 1999) (statutory requirement for maintained schools)

Started: \_\_\_\_\_

Completed: \_\_\_\_\_

**Section 11****Other relevant training and development activities attended in the last five years**

Please list the most recent first and continue on a separate sheet if necessary.

Brief description/Course title	Date	Organising body

**Information in support of this application**

Please use the person specification as a prompt to describe the experience, skills, competencies and qualifications that make you suitable for this job. These may have been gained from your work experience, any voluntary or community work or any other organisation you may have been involved with. You should ensure that any information submitted reflects your experience relating to the competencies that are detailed in the Person Specification (please continue on a separate sheet if necessary). *If you are a teacher, please provide details of any specialist teaching experience/skills you possess that may be relevant to the post.*

## Section 13

### References

Please give the name and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. In the case of school references, this should be the Headteacher (or the Chair of Governors for Headteacher applications). Applicants must ensure referees consent to be contacted and for reference information to be held for a period of 6 months.

1) Name \_\_\_\_\_ 2) Name \_\_\_\_\_

Address:

Address:

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Relationship between referee and applicant:

Relationship between referee and applicant:

\_\_\_\_\_

\_\_\_\_\_

Period of time applicant known to referee:

Period of time applicant known to referee:

\_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

Note: (i) Referees will be contacted before interviews.

(ii) If either of your referees know you by another name please give details.

(iii) The school may contact other previous employers for a reference with your consent.

(iv) References will not be accepted from relatives or from people writing solely in the capacity of friends.

### Close Personal Relationships

## Section 14

Are you a relative or partner, or do you have a close personal relationship with, any employee, Trustee or Governor of the establishment to which your application is being made (or to any County Councillor or employee of Essex County Council)? If 'yes', please state the name(s) of the person(s) and relationship (see notes below).

\_\_\_\_\_  Yes  No

Failure to disclose a close personal relationship as above may disqualify you.

Canvassing of Governors, Trustees, County Councillors or senior Managers of the School/Essex County Council by or on your behalf is not allowed.

## Section 15

Please read the following statements and information relating to your application carefully. By submitting this form and clicking on the box below you are certifying that the information you have supplied is accurate and confirming that the declarations are true to the best of your knowledge. Any false information will result in the withdrawal of any offer of employment or, in the event of employment, in disciplinary investigation by the school which may result in dismissal.

### Declaration

- I certify that the information I have supplied on this form is accurate and true to the best of my knowledge.

### Disclosure of Criminal Convictions

Preferred candidates will be asked to complete a Self-Disclosure Form (SD2) and, where appropriate for the role, a disclosure/status check will be sought from the Disclosure and Barring Service (DBS) in the event of a successful application.

A conviction/caution/reprimand will not necessarily be a bar to obtaining employment, save in the case of management positions where a S128 Direction issued by the Secretary of State will prohibit employment.

### Safer Recruitment and Childcare Disqualification Checks

- I certify that I am not disqualified from working with children or subject to any sanctions imposed by a regulatory body which would prohibit or restrict me from applying for this post.

Preferred candidates applying for a relevant post in a school setting covered by the Childcare (Disqualification) Regulations 2018 (“the Regulations”) will be asked to complete a Disqualification Declaration Form. A disqualified person may only be employed in a relevant post if they obtain a waiver from Ofsted. A copy of the Disqualification Declaration Form is available from the school office if you wish to review this Form prior to submitting your application.

### Data Protection

I acknowledge that by completing this form the school will hold and process personal data (including special categories of data e.g. information about health) about me in line with their data protection policy. I acknowledge that the school will use/process this information for the duration of the recruitment process. I acknowledge this information will only be shared in line with the Privacy Notice.

### **Data Protection (continued)**

If I am the successful applicant I acknowledge that this information will be retained in line with the school's retention schedule. If I am not the successful candidate I acknowledge this information will be retained by the school in a secure electronic/paper system for no longer than 6 months from the date of the appointment of the successful candidate.

All forms submitted (in paper or electronic format) will be held securely by the school in line with their data protection policy.

Thank you for applying for this post and your interest in working for this school. It is not our normal practice to acknowledge receipt of paper applications. If you submit this form electronically you will receive confirmation that the form has been received.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

## Recruitment monitoring information

Post title: \_\_\_\_\_

We are committed to ensuring that applicants are selected on the basis of their skills/attributes relevant to job. In accordance with our Equality & Diversity Policy, we provide equal opportunities to any employee or job applicant and will not discriminate either directly or indirectly because of race, sex, sexual orientation, transgender status, religion or belief, marital or civil partnership status, age, disability, or pregnancy and maternity. In order to monitor how successful this policy is we monitor all job applications. This information will help us to ensure that our policies and procedures are effective in avoiding discrimination and promoting equal opportunities in recruitment.

There is no obligation on you to provide this information. All applicants will be treated the same regardless of whether or not they provide this information. All information will be treated in confidence and will not be seen by the shortlisting panel. The information provided on this form will be converted into anonymised data, stored separately from your application form and only used to provide statistics for monitoring purposes. If you do not wish to answer any of the questions you can select the "prefer not to say" option.

### 1. Age

15 – 19

35 – 39

55 – 59

Prefer not to say

20 – 24

40 - 44

60 – 64

25 – 29

45 - 49

65 – 69

30 – 34

50 – 54

70+

### 2. Gender

Which of the following describes how you think of yourself?

Male

Female

Other

Prefer not to say

### 3. Marital Status

Married (opposite sex)

Married (same sex)

Civil partner

Single

Other: \_\_\_\_\_

**4. Sexual Orientation**

- Bisexual       Gay man       Gay woman / lesbian
- Heterosexual / Straight       Prefer not to say       Other

**5. Ethnic Origin**

**a. White:**

- British       Welsh
- Scottish       Northern Irish
- Irish      Other, please specify: \_\_\_\_\_

**b. Mixed:**

- White & Black Caribbean       White & Black African
- White & Asian      Other, please specify: \_\_\_\_\_

**c. Asian, Asian British, Asian Black, Asian Scottish or Asian Welsh:**

- Indian       Pakistani
- Bangladeshi      Other, please specify: \_\_\_\_\_

**d. Black, Black British, Black English, Black Scottish or black Welsh:**

- Caribbean       African

Other, please specify: \_\_\_\_\_

**e. Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other ethnic group:**

- Chinese      Other, please specify: \_\_\_\_\_

**f. Other Ethnic group:**

Prefer not to say

Other, please specify: \_\_\_\_\_

**6. Religion or Belief**

No religion or belief

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Prefer not to say

Other, please specify: \_\_\_\_\_

**7. Disability**

Before ticking the appropriate box below please read the definition of disability.

The definition of disability, as outlined in the Equality Act 2010 is as follows: *“a physical or mental impairment which has a “substantial” and “long term” negative effect on a person’s ability to carry out normal day-to-day activities”.*

To be protected under the Act:

- An individual must have an impairment which can be physical or mental.
- It has to be substantial, that is something more than minor or trivial.
- It needs to be long term i.e. the impairment has lasted or is likely to last in total for at least twelve months or more, or is likely to last for the rest of the life of the person affected (long term includes conditions which fluctuate or may recur such as cancer, HIV/AIDS and multiple sclerosis) **and**
- It must affect their day-to-day activities on a regular basis (day-to-day activities includes things such as reading, lifting and carrying objects, personal care, shopping, meeting and communicating with people).

Do you consider yourself to have a disability?

Yes

No

Prefer not to say

**Data Protection**

I hereby acknowledge that the data provided on this form will be anonymised and then collated and held in a central electronic file/format within a period of 4 working weeks, after which time this form will be destroyed. I acknowledge that the data is collated for the purposes of equal opportunities monitoring and will be processed in accordance with the Data Protection Policy. I acknowledge that information about how my data is used is provided in the Recruitment Monitoring Form Privacy Notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_