

Application Form

Applicant Surname (CAPITAL LETTERS).	Applicant Surname (CAPITAL LETTERS):	
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Please return your completed application form to:

Miss Kathryn Luckin Support Services Manager Gateway Primary Free School Marshfoot Road Tilbury Essex RM16 4LU

Or via email: Kathryn.luckin@theglc.org.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 give 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. If you submit this form electronically you will be required to provide a signed copy of your completed application before any employment decision can be confirmed.

		Sec	tion 1
Post Details			
Application for appointment as:		 	•
School:		 	_
Reference no. (if applicable)		 · · · · · · · · · · · · · · · · · · ·	_
Closing date:		 · · · · · · · · · · · · · · · · · · ·	_
Do you need permission to work in the UK?	Yes	No	











Personal Details		Section 2
	First name (s):	
	Date of birth:	
	Home email address:	
Work telephone no:	Work email address:	
Address:		
	National Insurance no:	
Please tick the box if you do not w	ish to be contacted at work	
Present Employment (if	currently employed)	Section 3
Present Employment (if Employer's name and address (if a	applicable):	
Employer's name and address (if a Nature of business: Job title:	applicable): Date appointed:	
Employer's name and address (if a Nature of business: Job title: Grade/salary range:	applicable): Date appointed: Current salary: £	
Employer's name and address (if a Nature of business: Job title: Grade/salary range: Notice required:	applicable): Date appointed: Current salary: £ Allowance(s) received: Type(s)	
Employer's name and address (if a Nature of business: Job title: Grade/salary range:	applicable): Date appointed: Current salary: £ Allowance(s) received: Type(s)	

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Yes

No

Previous Em Please include a continue on a se	all full time	e and p	= = = = = = = = = = = = = = = = = = = =	ns. Please list the r	most recent	first and
Employer	Start	End date	Job title	Salary/ Grade	Reason for leaving	ır
	ny breaks	in emp	oloyment since	leaving school, give		
Mobility (Please complete	the section	on if the	Person Speci	fication for the post	includes the	Section 7
requirements)	410 000410	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r croon open	modulori for the poot		
Do you have a valid of	driving licer	ice?			Yes	No
Do you have access	to a vehicle	which y	ou are able to use	e for work purposes?	Yes	No

If not, are you able to travel, for work purposes, by another means of transport?

	Lauca	11011	please list most recent firs		
chool(s)	From	То	Qualification/subject obtained and awarding body	Grade	Dates
Continuing Educati Please list most recent t	•	iversity	//College/Apprenticeships	etc.)	Section
Education Establishments	From	То	Qualification/subject obtained and awarding body	Grade	Dates
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ncluding details of prof Do you hold Qualified Teac Teacher Reference Number If yes please complete	essiona her Status	l associations (QTS)	? Yes g: since August 1999)		Section 1
Including details of prof Do you hold Qualified Teac Teacher Reference Number If yes please complete Date Statutory Induction Pe	essiona her Status the the folk riod (if qu	l associations (QTS)	? Yes		Section 1
Including details of prof Do you hold Qualified Teac Teacher Reference Number If yes please complete Date Statutory Induction Pe Started: Other relevant train In the last five years	essiona her Status the folk riod (if que	l associations (QTS)	? Yes g: since August 1999) Completed: relopment activities a	attended	Section 1
Including details of prof Do you hold Qualified Teach Teacher Reference Number If yes please complete Date Statutory Induction Per Started: Other relevant train In the last five years Please list the most recent fire	essiona her Status the folk riod (if quants rst and co	l associations (QTS)	? Yes g: since August 1999) Completed: velopment activities acti	attended	
If yes please complete Date Statutory Induction Pe Started: Other relevant train n the last five years	essiona her Status the folk riod (if quants rst and co	l associations (QTS)	? Yes g: since August 1999) Completed: velopment activities acti	attended ary.	

Section 12

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.

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1) Name	2) Name
Address:	Address:
Doo'Warra	Des Wesse
Position:	
Telephone number:	
Fax number:	Fax number:
Email address:	Email address:
(ii) it ettilet of your referees k	now you by another name please give details.
. ,	ct other previous employers for a reference without your consent.
(iv) References will not be ac	
(iv) References will not be ac	scepted from relatives or from people writing solely in the
(iv) References will not be accapacity of friends. ose Personal Relationship a you a relative or partner, or do you have	ps Section 14 Section 14 Section 14 Section 14
(iv) References will not be accapacity of friends. ose Personal Relationship a you a relative or partner, or do you has Gateway Learning Community Trust	ps Section 14 Section 14 Section 14 Section 14

Please read the following statements and information relating to your application carefully. By signing and submitting this form you certify and confirm the declarations are true to the best of your knowledge.

Declaration

I certify that, to the best of my belief, the information I have provided is true and I understand that any false information will result, in the evet of employment, in disciplinary investigation by the Academy, and is likely to result in dismissal.

Disclosure of Criminal Convictions

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

A conviction/caution/reprimand will not necessarily be a bar to obtaining employment.

Safer Recruitment and Childcare Disqualification Checks

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

Short-listed candidates applying for a relevant post in a school setting covered by the Childcare (Disqualification) Regulations 2009 ("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. By signing this application form you acknowledge and consent to completing the Disqualification Declaration Form if you are shortlisted for a relevant post in a setting covered by the Regulations.

Data Protection Act 1998

I hereby give my consent for personal information (including recruitment monitoring data) provided as part of this application to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act 1998.

Correspondence

Thank you for applying for this post. Your interest in working for us is very much appreciated. It is not our practice to acknowledge receipt of applications. However, if you would like to be informed of the outcome of your application once the selection process has been completed, then please enclose a stamped addressed envelope.

Name:	Date:	
Signed:		

Recruitment monitoring information

Pos	t title:		
that Con effect The only the	applicants are se npletion of this sective in avoiding dinformation you per and will not be seapplication form p	lected on the basis ction will help us to iscrimination and pa rovide will be used een by the shortlisting	and the academy are committed to ensuring of their abilities relevant to the job. ensure that our policies and procedures are romoting equal opportunities in recruitment. for monitoring and statistical data purposes ng panel. This section will be detached from If you do not wish to share this information, on.
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		
	Male	Female	Prefer not to say
3.	Ethnic Origii	า	
	Asian/Asian Bri	tish – Bangladeshi	Mixed – White and Asian
	Asian/Asian Bri	tish – Indian	Mixed – White and Black African
	Asian/Asian Bri	tish – Pakistani	Mixed – White and Black Caribbean
	Asian/Asian Bri	tish – Chinese	Mixed – Other
	Asian/Asian Bri	tish – Other	White – British
	Black/Black Brit		White – Irish
		ish – Caribbean	Other (please specify)
	Black/Black Brit	ish – Other	Prefer not to say
4.	Sexual Orier	ntation	
	Heterosexual	Lesbian	Bisexual
	Gay	Other	Prefer not to say
			Continued overleaf.

The information contained on this form will be held on a computer file.

5. 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 adverse effect on a person's ability to carry out normal day-to-day activities".

To be protected under the Act:

detailed above).

Signed:

- 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. The effect of your impairment on everyday activities is considered as it would be without medication or aids. The only exception is eyesight which should be judged when an individual is wearing their usual lenses or spectacles).

I do consider myself to have a disability as defined by the Equality Act 2010 (as

	I do not consider myself to have a disability as defined by the Equality Act 2010 (as detailed above).
	I prefer not to say.
Data F	Protection Act
be held	y give my consent for the Recruitment Monitoring Information provided on this form to on computer or other relevant filing systems and to be shared with other accredited ations or agencies in accordance with the Data Protection act 1998.