Application Form

Keys
Co-operative Academy Trust

Applicant Surname (CAPITAL LETTERS): _____

Please return your completed application form to:

By email:

hr@kcat.co.uk

or

By post:

HR Officer
Keys Co-Operative Academy Trust
Heybridge Co-Operative Academy
The Street
Heybridge, Essex
CM9 4NB

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. 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.

Section 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

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:

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

Present employment (if currently employed)

Section 3

Employer's name and address (if applicable):

Nature of business:

Job title: Date appointed:

Grade/salary range: Current salary: £

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

Reason for leaving: Value(s): £

Brief outline of duties in your current or most recent job

Section 4

Previous employment

Section 5

Please include all full time and part time positions. Please list the most recent first and continue on a separate sheet if necessary.

Employer	Start date	End date	Job title	Salary/ Grade	Reason for leaving

Breaks in employment history

Section 6

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, raising family, voluntary work, training.

Mobility

Section 7

(Please complete the section if the Person Specification for the post includes these requirements)

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

Secondary School Education (Please list most recent first)

Section 8

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

Continuing Education (University/College/Apprenticeships etc.)

Section 9

Please list most recent first

Educational establishments	From	To	Qualification/subject obtained and awarding body:	Level/ Grade	Dates

Professional qualifications

Section 10

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 Statutory Induction Period (if qualified since August 1999)

started: _____ completed: _____

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

Section 11

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

Brief description/Course title	Date	Organising body

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.

References

Section 13

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Name and address:

Name and address:

Position: _____

Telephone number: _____

Fax number: _____

Email address: _____

Position: _____

Telephone number: _____

Fax number: _____

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 Academy Trust 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 or Governor of the Academy Trust? 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, County Councillors or Senior Managers of the School/Essex County Council by or on your behalf is not allowed.

continued overleaf

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 event of employment, in disciplinary investigation by the School, 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 regulatory 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

Post title: _____

Keys Co-Operrative Academy Trust is committed to ensuring that applicants are selected on the basis of their abilities relevant to the job. Completion of this section will help us to ensure that our policies and procedures are effective in avoiding discrimination and promoting equal opportunities in recruitment. The information you provide will be used for monitoring and statistical data purposes only and will not be seen by the shortlisting panel. This section will be detached from the application form prior to shortlisting. If you do not wish to share this information, you can select the 'prefer not to say' option.

1. Age

- ○ 15-19
- ○ 20-24
- ○ 25-29
- ○ 30-34
- ○ 35-39
- ○ 40-44
- ○ 45-49
- ○ 50-54
- ○ 55-59
- ○ 60-64
- ○ 65-69
- ○ 70+
- ○ Prefer not to say

2. Gender

- ○ Male
- ○ Female
- ○ Prefer not to say

3. Ethnic origin

- ○ Asian/Asian British – Bangladeshi
- ● Asian/Asian British – Indian
- ○ Asian/Asian British – Pakistani
- ○ Asian/Asian British – Chinese
- ○ Asian/Asian British – Other
- ○ Black/Black British – African
- ○ Black/Black British – Caribbean
- ○ Black/Black British – Other
- ○ Mixed – White and Asian
- ○ Mixed – White and Black African
- ○ Mixed – White and Black Caribbean
- ○ Mixed other
- ○ White – British
- ○ White – Irish
- ○ White – Other
- ○ Other (please specify) _____
- ○ Prefer not to say

5. Sexual orientation

- ○ Heterosexual
- ○ Gay
- ○ Lesbian
- ○ Other
- ○ Bisexual
- ○ Prefer not to say

Continued overleaf

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

6. 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.

- 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 detailed above).
- ◯ 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 Protection Act

I hereby give my consent for the Recruitment Monitoring Information provided on this form 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.

Signed: _____

Date: _____

CDS 126884