

Applicant Surname (CAPITAL LETTERS):

Application Form



Beauchamps High School

Business and Enterprise
Centre of Excellence for Learning

Please return your completed application form to:

Mr M Harper
Headteacher
Beauchamps High School
Beauchamps Drive
Wickford
SS11 8LY

Thank you for your interest in working with us.

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 at section 15 of this form.

Post details

Section 1

Application for appointment as:

Please state where you saw this post advertised:

Do you need permission to work in the UK?

Yes ☐ No ☐

Section 2

First name(s):

Date of birth:

Home e-mail address:

Work e-mail address:

Address:

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

Section 3

Value(s): £

Section 4

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Section 5

Previous Employment

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

Employer:	From:	To:	Job Title:	Salary/Grade:	Reason for leaving:

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, raising family, voluntary work, training etc.

Section 7

Mobility

Do you have a valid driving licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have access to a vehicle which you are able to use for work purposes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If not, are you able to travel, for work purposes, by another means of transport?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Secondary School Education

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

Continuing Education* University/College/Apprenticeships etc.) Please list most recent first.

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

Professional qualifications Including details of professional association membership.

Do you hold Qualified Teacher Status (QTS)? Yes ☐ No ☐

If you are a qualified teacher please complete the following: Teacher Number:

Dates of Statutory Induction Period completed (if qualified since August 1999): Started:

Completed:

Brief outline of evidence for Continuous Professional Development*

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

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 this 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 referees are. Applicants must ensure referees consent to be contacted and for reference information to be held for a period of 6 months

Name and address	Name and address
<hr/>	<hr/>
Position:	Position:
<hr/>	<hr/>
Telephone number:	Telephone number:
<hr/>	<hr/>
Relationship between referee and applicant:	Relationship between referee and applicant:
<hr/>	<hr/>
Period of time applicant known to referee:	Period of time applicant known to referee:
<hr/>	<hr/>
Email Address:	Email Address:
<hr/>	<hr/>

Please Note:

1. Referees will be contacted before interviews.
2. If either of your referees know you by another name, please give details.
3. The School/County Council may contact other previous employers for a reference with your consent.
4. 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).

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.

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

Short-listed 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.

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. 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.

☐ I acknowledge and consent to complete a Disqualification Declaration Form if I am shortlisted for a relevant post in a setting covered by the Regulations.

Data Protection

I acknowledge that by completing this form the school will hold and process personal data about me in line with their data protection policy. I consent for the school to use/process this information for the duration of the recruitment process. I acknowledge this information will only be shared with the shortlisting/interviewing panel, the authorised administrative officer and HR (where recruitment advice is sought). Any further sharing of this information will not take place without seeking prior written consent.

If I am the successful applicant I acknowledge and consent to this information being retained on my personal file for the duration of my employment and 6 years thereafter. If I am not the successful candidate I acknowledge and consent to this information being 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.

Signed: _____ Date: _____

HR Sharing

In exceptional circumstances the school may seek advice from HR advisers in order to complete the recruitment process. Please indicate below whether you consent to this information being shared with HR on this basis:

Yes ☐

No ☐

Where consent is given, information will be shared using the secure email system (egress) and deleted/destroyed once appropriate advice has been given.

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.

Recruitment monitoring information

Reference no: _____ Post title: _____

Last name: _____ First name(s): _____

We are committed to ensuring that applicants are selected on the basis of their skills/attributes relevant to job. In accordance with our policy on equal opportunities in employment, 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.

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

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 35-39 | <input type="checkbox"/> 55-59 | |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 60-64 | |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 65-69 | |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 70+ | <input type="checkbox"/> Prefer not to say |

2. Gender

- | | | | |
|-------------------------------|---------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Transgender | <input type="checkbox"/> Prefer not to say |
|-------------------------------|---------------------------------|--------------------------------------|--|

3. Marital Status

- | | |
|---|---|
| <input type="checkbox"/> Married (opposite sex) | <input type="checkbox"/> Married (same sex) |
| <input type="checkbox"/> Single | <input type="checkbox"/> Civil partner |
| <input type="checkbox"/> Other | <input type="checkbox"/> Prefer not to say |

4. Sexual Orientation

- | | |
|--|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Gay man |
| <input type="checkbox"/> Gay woman/lesbian | <input type="checkbox"/> Heterosexual/straight |
| <input type="checkbox"/> Other | <input type="checkbox"/> Prefer not to say |

Continued overleaf

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

5. Ethnic Origin

I would describe myself as (choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background):

A. White

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> British | <input type="checkbox"/> English |
| <input type="checkbox"/> Welsh | <input type="checkbox"/> Scottish |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Other: _____ |

B. Mixed:

- | | |
|--|--|
| <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> White & Black African |
| <input type="checkbox"/> White and Asian | <input type="checkbox"/> Other: _____ |

C. Asian, Asian British, Asian English, Asian Scottish or Asian Welsh:

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Other: _____ |

D. Black, Black British, Black English, Black Scottish or Black Welsh:

- | | |
|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> African |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> |

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

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other: _____ |
|----------------------------------|---------------------------------------|

Prefer not to say

- ☐ Prefer not to say

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).

☐ Yes

☐ No

☐ Prefer not to say

Data Protection Act

I hereby give my consent for the anonymised data provided on this form to be collated and held in a central electronic file/format within a period of 4 working weeks, after which this form will be destroyed. The anonymised data will be securely destroyed once monitoring has been completed. The data will only be shared with the relevant school Governors/Trustees for the purposes of fulfilling any statutory duties or as required by law.

Signed: _____

Date: _____