

St Benedict's Catholic College, Norman Way, Colchester. CO3 3US Telephone: 01206 549222 Fax: 01206 579342

Email: admin@stbenedicts.essex.sch.uk

## **CONFIDENTIAL APPLICATION FOR TEACHING STAFF**

Post Applied for:	Closing date	e:
Where did you see this post advertised?	_	
You are requested to complete this form (using entry). <b>All sections must be completed.</b> For g Notes – Teaching Staff document found on our	juidance on completing this fo	
PERSONAL DETAILS		
Surname:	Title:	
First name(s):	Previous surname:	
Home Address:		
Post Code:	Email (Home):	
Telephone (Home):	Telephone (Mobile):	
Telephone (Work):	Please tick the box if you	ou do not wish to be contacted
Religious denomination or Faith:		
National Insurance number:		
CURRENT OR MOST RECENT EMPLOYN	IENT	
Department/Section:		
Address:		
Job title:	Grade:	Salary:
Date started:	Allowances (Type):	
	Allowances (Value):	
Are you still employed? Yes	No	
	or, if NO, the date employn	nent ended:
Brief description of the main duties of the	e job:	
Reason for leaving:		
Local Authority if appropriate:		

### PREVIOUS EMPLOYMENT DETAILS IN EDUCATION

Please list the most recent first, with precise dates if possible, as this information may be used to assess salary. Supply teaching appointments need not be listed individually. (*Continue on a separate sheet if necessary*).

Employer and establishment	Job title	Salary	Type of school/ Key stage	From	То	Reason for leaving
PREVIOUS EMPLOY	MENT DETAILS <u>OU</u>	TSIDE EDUC	ATION			
Employer		Job title	•	From	То	Reason for

Employer	Job title	From	То	Reason for leaving

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

#### **EDUCATION/QUALIFICATIONS**

Please give details of your education including any professional qualifications, starting with the most recent attained

HIGHER		
HIGHER	EDUCA	HON

stablishment(s)	From	То	Full/ Part- time	Qualification awarded			
				Subject	Class	Division	Date

|--|

Establishment(s)	From	То

#### **EXAMINATIONS**

Subject	Date	Results/Grade	

#### OTHER QUALIFICATIONS OBTAINED

Course and organising body	Date	Qualification	

#### OTHER RELEVANT TRAINING AND DEVELOPMENT

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

	· 	
Brief Description/Course title	Date	Organising body
LEISURE INTERESTS		
Please state briefly what your main leisur	re interests are, part	icularly where these are relevant to the
work for which you are applying.		
REFERENCES		
Please nominate <b>three</b> referees. In the car	se of a Catholic an	plicant, one referee should be your Parish
Priest/Priest of the Parish where you regular	ly worship. If you are	in employment, one referee should be you
present employer. References will not be a		
relatives. References will be taken up before		
previous name) please inform them of your previous employers for a re		
, том от том разоно от разучать от том	,	
A) Nomes		Otation
1) Name:		Status:
Address:		
Telephone:		
Email address:		
2) Name:		Status:
Address:		
Telephone:		
Email address:		
3) Name:		Status:
Address:		
Tolonhono		
Telephone: Email address:		
Eilidii duuless.		

#### **INFORMATION IN SUPPORT OF YOUR APPLICATION**

Please use this section to show how your experience and achievements meet the requirements of this post. Please refer closely to the job description and person specification in this section. Include relevant skills and experience that you have obtained through previous employment, work experience, voluntary or community involvement, personal interests or education. ( <i>Please continue on a separate sheet if necessary</i> ).

#### **CLOSE PERSONAL RELATIONSHIPS**

Signed:

Are you a relative or partner, or do you have a close employee or Governor of St Benedict's Catholic Coll		Yes No
If yes, please give details:		
Failure to disclose a close personal relationship Canvassing of governors or senior managers of the not allowed.		
Has someone else completed this form on your behalf?		Yes No
If yes, please provide the person's name and an explanation:		
PROFESSIONAL QUALIFICATIONS Including details of professional association membership.		
Do you hold Qualified Teacher Status (QTS):  Yes No	Teacher Reference no:	
Date of statutory induction period (if qualified since August 1999)		
Started:	Completed:	
Please confirm the following statements are true by signing below.		
<b>Declaration</b> 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 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.		
Data Protection Act 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. Details about how we will use the personal data you provide as part of the recruitment process can be found in our privacy notice on our website - <a href="https://www.stbenedicts.essex.sch.uk/welcome/privacy-notice/">www.stbenedicts.essex.sch.uk/welcome/privacy-notice/</a>		
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.		

Date:

# **Recruitment Monitoring Information**

Post title: AMA		
Last name:	First name(s):	
St Benedict's Catholic College are committed to en their abilities relevant to the job. Completion of this procedures are effective in avoiding discrimination The information you provide will be used for monito be seen by the shortlisting or interview panel. This prior to shortlisting. If you do not wish to share this option.	section will help us to ensure that our policies and and promoting equal opportunities in recruitment. oring and statistical data purposes only and will no section will be detached from the application form	
1. Age		
□     15-19     □     35-39     □       □     20-24     □     40-44     □       □     25-29     □     45-49     □       □     30-34     □     50-54     □	55-59 60-64 65-69 70+ Prefer not to say	
2. Date of Birth	☐ Prefer not to say	
3. Gender		
☐ Male ☐ Female ☐	Prefer not to say	
4. 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	<ul> <li>Mixed – White and Asian</li> <li>Mixed –White and Black African</li> <li>Mixed – White and Black Caribbean</li> <li>Mixed other</li> <li>White – British</li> <li>White – Irish</li> <li>White – Other</li> <li>Other (please specify)</li> <li>Prefer not to say</li> </ul>	
5. Sexual orientation		
☐ Heterosexual ☐ Lesbian ☐ ☐ Gay ☐ Other ☐	Bisexual Prefer not to say	

The information contained on this form will be held on a computer file (Continued overleaf).

### 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.

Date:

- 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).

SHOUL	d be judged when an individual is wearing their usual lenses of speciacles).
	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.
7. Data Prot	ection Act  e my consent for the Recruitment Monitoring Information provided on this form to
be held on c organisation the personal	omputer or other relevant filing systems and to be shared with other accredited s or agencies in accordance with the Data Protection Act. Details about how we will use data you provide as part of the recruitment process can be found in our privacy notice on <a href="https://www.stbenedicts.essex.sch.uk/welcome/privacy-notice/">www.stbenedicts.essex.sch.uk/welcome/privacy-notice/</a>
Signed:	Print Name: