

Applicant Surname (CAPITAL LETTERS):

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 Page 7.

Post details	Section 1
Application for appointment as:	
Reference no. (if applicable) :	
Closing date:	
Do you need permission to work in the UK? Yes No	

name and title: name(s): ous names: e telephone no: e email address: ess: onal Insurance no: se tick the box if you do not wish to be contacted a Present employment over's name and address (if applicable): re of business: itle: e/salary spine: e required: on for leaving:	(if currently employed) Date appointed:	Section 3
ous names: e telephone no: e email address: ess: onal Insurance no: se tick the box if you do not wish to be contacted a Present employment over's name and address (if applicable): re of business: itle: e/salary spine: e required:	Work telephone no: Work email address: t work	Section 3
e telephone no: e email address: ess: onal Insurance no: be tick the box if you do not wish to be contacted a Present employment over's name and address (if applicable): re of business: itle: e/salary spine: e required:	Work telephone no: Work email address: t work	Section 3
e email address: ess: onal Insurance no: se tick the box if you do not wish to be contacted a <b>Present employment</b> over's name and address (if applicable): re of business: itle: e/salary spine: e required:	Work email address:	Section 3
ess: onal Insurance no: se tick the box if you do not wish to be contacted a <b>Present employment</b> oyer's name and address (if applicable): re of business: itle: e/salary spine: e required:	t work	Section 3
onal Insurance no: se tick the box if you do not wish to be contacted a <b>Present employment</b> oyer's name and address (if applicable): re of business: itle: e/salary spine: e required:	(if currently employed) Date appointed:	Section 3
e tick the box if you do not wish to be contacted a Present employment over's name and address (if applicable): re of business: itle: e/salary spine: e required:	(if currently employed) Date appointed:	Section 3
Present employment oyer's name and address (if applicable): re of business: itle: e/salary spine: e required:	(if currently employed) Date appointed:	Section 3
oyer's name and address (if applicable): re of business: itle: e/salary spine: e required:	Date appointed:	Section 3
oyer's name and address (if applicable): re of business: itle: e/salary spine: e required:	Date appointed:	Section 3
oyer's name and address (if applicable): re of business: itle: e/salary spine: e required:	Date appointed:	Section 3
re of business: itle: e/salary spine: e required:		
re of business: itle: e/salary spine: e required:		
itle: e/salary spine: e required:		
e/salary spine: e required:		
e required:		
	Current salary (point):	
on for leaving:	Allowance(s) received: Type(s)	
	Value(s): £	1
Brief outline of duties in v	our current or most recent j	iob Section 4
	·····,	

#### Section 5

## **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	Start Date	End Date	Job Title S	alary/ Grade	Reason for leaving
					-

## **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.eg. unemployment, raising family, voluntary work, training.

Mobility				Section 7
(Please complete the section if the Person Specification for the post includes the	iese re	quiremer	nts)	
Do you have a valid driving licence? Do you have access to a vehicle which you are able to use for work purposes?	Yes Yes		No No	
If not, are you able to travel, for work purposes, by another means of transport	? Yes		No	

Section 6

School(s)	From	То		alification/subject ained and awarding body		ade	Dates
	ducation (II	niversity/	College	e/Apprenticeships/ Profes	sional qual	ifications	Section
ease list most		inversity,	concer			meations	Jeetion
lucation estal	olishments	From	То	Qualification/subject	Level/	Dates	
				Obtained Awarding body:	Grade		

Professional qualifications (Including details of professional as	ssociation membership) Section 10
o you hold Qualified Teacher Status (QTS)? Yes No	Teacher reference number:
yes, please complete the following:	
Date of Statutory Induction Period (if qualified since August 1999)	started: completed:

Other relevant training and deve five years	Section 11		
Please list the most recent first and contin	ue 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. There 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 12

References	Section 13
Please give the names and addresses of you unable to do this, please clearly outline who	r two most recent employers (if applicable). If you are o your references are.
Name and address:	Name and address:
Position:	Position
Telephone Number:	Telephone number:
Fax number:	Fax number:
Email address:	Email address:
(iii) The Academy may contact other p	interviews. u by another name please give details. previous employers for a reference with your consent. om relatives or from people writing solely in the

Close personal relationships		Section 14
Are you a relative or partner, or do you have a clos Governor of the establishment to which your appli name(s) of the person(s) and relationship. (See not	cation is being made? If 'ye	
	Yes	No
Failure to disclose a close personal relationship as Trustees, Governors, County Councillors or Senior your behalf is not allowed.		-

Section 15

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 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

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 organisation 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 send us a stamped addressed envelope.

Name:

Signed:

Date:

# 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).

do consider myself to have	a disability as define	d by the Equality Ac	t 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: