

Application Form

Applicant Surname (CAPITAL LETTERS):	

Please return your completed application form to:

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. When submitting this form electronically you will be required to confirm the information is accurate by ticking the box in section 15.

If you have any special requirements and/or require reasonable adjustments to enable you to complete this form and/or during the recruitment process please contact the school office.

	Section 1
Post Details	
Application for appointment as:	. <u></u>
School:	
Reference no. (if applicable)	
Closing date:	

Porcenal Details		Section 2
Personal Details		
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:	
Do you have the right to work in the UK?	Yes No	
Procent Employment (if ourrent	thy amployed)	Section 3
Present Employment (if current Employer's name and address (if applicable)		
Nature of business:		
		
Current post title:	Date appointed:	
	Date appointed: Current salary: £	
Grade/salary range:		
Grade/salary range:	Current salary: £ Allowance(s) received: Type(s)	

Please incl		e and part t	ime positions. Pleas necessary.	Section 5 se list the most recent first
ınd continu	ic on a sepan			
and continu Employer	Start date	End date	Job Title	Reason for leaving

Brief outline of duties in your current or most recent job

Section 4

/ Breaks in	Employment	Histor	V		Section 6
If you have h	nad any breaks i your activities di	n emplo	yment since leaving schese times e.g. unemploy		
Start date	End date	Rea	son for break		
Ability to t	ravel (if requ	ired)			Section 7
Do you have a	valid driving licenc	e?		Yes	No
Do you have a purposes?	ccess to a vehicle v	vhich you	are able to use for work	Yes	No
If not, are you a transport?	able to travel, for w	ork purpo	ses, by another means of	Yes	No
Secondary	/ School Edu	cation	(please list most recent	t first)	Section 8
School(s)	From	To	Qualification/subject obtained and awarding body	Grade	Dates

Continuing Educat Please list most recent	•	ty/College/Apprenticesh	ips etc.)	Section 9
ducation Establishments	From To	Qualification/subject obtained and awarding body	Grade	Dates
Professional Qualit	fications			Section 10
ncluding details of prof	essional asso	ciation membership		
Do you hold Qualified Teac	her Status (QTS	S)? Y	es No	
Teacher Reference Number	r:			
Date NQT Statutory Induction naintained schools)	on Period (if qua	alified since August 1999) (st	atutory requiremer	nt for
Started:		Completed:		
	_	levelopment activiti	es attended	Section 1
in the last five year	ars	levelopment activiti		Section 1
in the last five year	ars t first and contin	•		Section 1

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.

Section 13

References

Please give the name and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. In the case of school references, this should be the Headteacher (or the Chair of Governors for Headteacher applications). Applicants must ensure referees consent to be contacted and for reference information to be held for a period of 6 months.

1) Name	_ 2)	Name		
Address:		Address:		
Position:		_ Position:		
Telephone number:Relationship between referee and applicant:		Telephone number: Relationship between referee and applicant:		
Email address:		_ Email address:		
Note: (i) Referees will be contacted before	ore inte	erviews.		
(ii) If either of your referees know y	you by	another name please give details	S.	
(iii) The school may contact other p	reviou	s employers for a reference with	your consent.	
(iv) References will not be accepted capacity of friends.	ed from	n relatives or from people writing s	solely in the	
Close Personal Relationships			Section 14	
Are you a relative or partner, or do you have or Governor of the establishment to which yo employee of Essex County Council)? If 'yes' (see notes below).	ur app	lication is being made (or to any 0	County Councillor or	
		Yes [No	
Failure to disclose a close personal relationsh Canvassing of Governors, Trustees, County Council by or on your behalf is not allowed.	•		chool/Essex County	

Section 15

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.

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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

Preferred 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.

Preferred candidates applying for a relevant post in a school setting covered by the Childcare (Disqualification) Regulations 2018 ("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.

Data Protection

I acknowledge that by completing this form the school will hold and process personal data (including special categories of data e.g. information about health) about me in line with their data protection policy. I acknowledge that the school will use/process this information for the duration of the recruitment process. I acknowledge this information will only be shared in line with the Privacy Notice.

Data Protection (continued)

If I am the successful applicant I acknowledge that this information will be retained in line with the school's retention schedule. If I am not the successful candidate I acknowledge this information will be 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.

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.

Name:	Date:	
Signed:		