The Phoenix Primary School & Nursery



Application Form

Applicant Surname (CAPITAL LETTERS):	

Please return your completed application form to:

Mrs C King PA/Personnel Manager The Phoenix Primary School & Nursery Leinster Road Laindon, Basildon Essex SS15 5NQ

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

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:	
Do you have the right to work in the UK?	Yes No	
Dropout Employment (If a see all		Section 3
Present Employment (if currently Employer's name and address (if applicable		
	,	
Nature of business:		
Current post title:	Date appointed:	
Grade/salary range:	Current salary: £	
Notice required:	_ Allowance(s) received: Type(s)	
Reason for leaving:	Value(s):	£
Please tick the box if you do not wish to	be contacted at work	

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					Section 5	
Please inclu	Employme ude all full tim ue on a separa	e and part t		Please list	Section 5 the most recent f	first
Please inclu	ude all full tim	e and part t				first
Please incluand continu	ude all full tim ue on a separa	e and part tate sheet if	necessary.		the most recent f	first

Section 4

Breaks in	Employment	History			Section 6
If you have periods and	had any breaks in	n employn	nent since leaving sche times e.g. unemploy		
Start date	End date	F	Reason for break		
Ability to	travel (if requi	ired)			Section 7
Do you have a	a valid driving licence	e?		Yes	No
Do you have a purposes?	access to a vehicle v	vhich you ar	e able to use for work	Yes	No
If not, are you transport?	able to travel, for wo	ork purpose	s, by another means of	Yes	No
Secondar	y School Edu	cation (p	lease list most recen	t first)	Section 8
School(s)	From	То	Qualification/subject obtained and awarding body	Grade	Dates

Continuing Educate Please list most recent	•	sity/College/Ap	prenticeships e	etc.)	Section 9
Education Establishments	From To	Qualificatio obtained ar body	n/subject nd awarding	Gra	ade Dates
Professional Qualincluding details of pro	fessional ass				Section 10
Do you hold Qualified Tead Teacher Reference Numbe		3):	Yes	N	O
f yes please complet Date NQT Statutory Induct maintained schools)		_	ust 1999) (statuto	ry requi	rement for
Started:		Completed:			
Other relevant tra in the last five yea Please list the most recen	ars	-			Section 11
Brief description/Course ti	itle	Date	0	rganisin	g 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.

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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. 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:	Telephone number:
Relationship between referee and applicant:	Relationship between referee and applicant:
Period of time applicant known to referee:	Period of time applicant known to referee:
Email address:	Email address:
Note: (i) Referees will be contacted before inte	rviews.
(ii) If either of your referees know you by	another name please give details.
(iii) The school may contact other previous	s employers for a reference without your consent.
	relatives or from people writing solely in the
Close Personal Relationships	Section 14
Are you a relative or partner, or do you have a close or Governor of the establishment to which your appliemployee of Essex County Council)? If 'yes', please (see notes below).	ication is being made (or to any County Councillor or
	Yes No
Failure to disclosure a close personal relationship as Canvassing of Governors, Trustees, County Council Council by or on your behalf is not allowed.	s above may disqualify you. lors or senior Managers of the School/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

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.

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:		