



## 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.

### Section 1

#### Post details

Application for appointment as: \_\_\_\_\_

Closing date: \_\_\_\_\_

Do you need permission to work in the UK? ☐ Yes ☐ No

## 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:

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

## Present employment (if currently employed)

### Section 3

Employer's name and address (if applicable):

Nature of business:

Job title:

Date appointed:

Grade/salary spine:

Current salary (point):

Notice required:

Allowance(s) received: Type(s)

Reason for leaving:

Value(s): £

## Brief outline of duties in your current or most recent job

### Section 4

## Section 5

## Section 5

## Section 5

## Section 6

## Section 6

## Section 7

☐ Yes ☐ No

☐ Yes    ☐ No

☐ Yes    ☐ No

**Secondary School Education** (Please list most recent first)**Section 8**

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

**Continuing Education** (University/College/Apprenticeships etc.)**Section 9**

Please list most recent first

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

**Professional qualifications** Including details of professional association membership**Section 10**Do you hold Qualified Teacher Status (QTS)? ☐ Yes ☐ No DfE number: \_\_\_\_\_**If yes please complete the following:**

Date Statutory Induction Period (if qualified since August 1999) started: \_\_\_\_\_

completed: \_\_\_\_\_

General Teaching Council Registration date: \_\_\_\_\_ GTC Reg/No. \_\_\_\_\_

**Other relevant training and development activities attended in the last five years****Section 11**

Please list the most recent first and continue 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. 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.**

## 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 references are.

Name and address:

Name and address:

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

Note: (i) Referees will be contacted before interviews.

(ii) If either of your referees know you by another name please give details.

(iii) The School may contact other previous employers for a reference with your consent.

(iv) 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 of or do you have a close personal relationship with, any employee or Governor of the School? If 'yes' please state the name(s) of the person(s) and relationship. (see notes below).

\_\_\_\_\_ ☐ Yes ☐ No

Failure to disclose a close personal relationship as above may disqualify you.

Please confirm the following statements are true by signing the box below.

### **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 School, and is likely to result in dismissal.

### **Disclosure of Criminal Convictions**

Short-listed candidates will be asked to complete a 'Disclosure of Criminal Convictions' form and, where appropriate, a Disclosure will be sought from the Criminal Records Bureau in the event of a successful application. A conviction 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 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 organisations 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 enclose a stamped addressed envelope.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 6. Disability

Before ticking the appropriate box below please read the definition of disability.

The definition of disability, as outlined in the Disability Discrimination Act 1995 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).

The effect an impairment may have on day-to-day activities is defined in the Act as falling within the following categories:

- Mobility
- Manual dexterity
- Physical co-ordination
- Continence
- Ability to lift, carry or otherwise move everyday objects
- Speech, hearing or eyesight
- Memory or ability to concentrate, learn or understand **or**
- Perception of the risk of physical danger.

- ☐ I do consider myself to have a disability as defined by the Disability Discrimination Act 1995 (as detailed above).
- ☐ I do not consider myself to have a disability as defined by the Disability Discrimination Act 1995 (as detailed above).
- ☐ I prefer not to say.

## Data Protection Act

I hereby give my consent for the 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: \_\_\_\_\_

Date: \_\_\_\_\_