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| **POSITION APPLYING FOR:** | **THERAPEUTIC TUTOR - Maths** |
| **Please return your completed application form to: Email:** [**office@theyellowhouseschool.org.uk**](mailto:office@theyellowhouseschool.org.uk)  **Or post to: David Ollier, Head Teacher, The Yellow House,**  **1 Alderford Street, Sible Hedingham,**  **Essex CO9 3HX** | |
| **Thank you for your interest in this post.**  **The following information is necessary to ensure that full consideration can be given to your application. 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 in this form.**  **The Declaration must be signed at the end of the application form.** | |

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| **SECTION 1. PERSONAL DETAILS** | | | |
| **Title:** |  | **First Name(s):** |  |
| **Surname:** |  | **Previous Names:** |  |
| **Date of Birth:** |  | **Nationality:** |  |
| **Address:** |  | | |
| **Postcode:** |  | | |
| **Telephone No.:** |  | | |
| **Mobile No.:** |  | | |
| **Email:** |  | | |

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| **SECTION 2. EMPLOYMENT HISTORY** | |
| **CURRENT OR MOST RECENT EMPLOYMENT DETAILS:** | |
| **Employer:** |  |
| **Address:** |  |
| **Job Title:** |  |
| **Salary:** |  |
| **Employment Dates:** |  |
| **Reason for Leaving:** |  |
| **Brief outline of duties in your current or most recent job:** |  |
| **Absence Record:** | **List any significant absences during this employment and reasons for these:** |

**T OR MOST RECENT EMPLOYMENT DETAILS:**

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| **SECTION 3. PREVIOUS EMPLOYMENT HISTORY:** |
| **Please list below a complete record of other employment. These should be listed in date order starting with the most recent, please complete any gaps in your employment in the next section.** |

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| **Start Date** | **End Date** | **Employer** | **Position Held & Main Responsibilities** | **Reason for Leaving** |
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| **SECTION 4. BREAKS IN EMPLOYMENT HISTORY:** | | | |
| **If you have had any breaks in employment since leaving school, give details of these periods.** | | | |
| **Dates:** |  | **Reason:** |  |
| **Dates:** |  | **Reason:** |  |
| **Dates:** |  | **Reason:** |  |

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| **SECTION 5. SECONDARY SCHOOL EDUCATION** | | | | | | | | | |
| **School(s)** | **From** | | | **To** | | **Subject** | | **Grade/Level** | |
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| **SECTION 6. CONTINUING EDUCATION (University/College/Apprenticeships etc.)**  **Please list most recent first** | | | | | | | | | |
| **Educational Establishments** | **From** | | **To** | | **Qualification/Subject Obtained and Awarding Body** | | | | **Level/Grade** |
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| **SECTION 7. OTHER RELEVANT TRAINING & PERSONAL DEVELOPMENT INCLUDING MEMBERSHIPS TO PROFESSIONAL BODIES** | | | | | | | | | |
| **Brief Description/Course Title** | | **Date** | | | | | **Organising Body** | | |
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| **SECTION 8. PLEASE USE THIS SECTION OF YOUR APPLICATION TO EXPLAIN HOW YOUR EXPERIENCE AND SKILLS FULLFILL THE JOB DESCRIPTION FOR THE POSITION APPLYING FOR:** |
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| **SECTION 9. MOBILITY** | | |
| **Do you have a valid driving licence?** | **🞏 Yes** | **🞏 No** |
| **Do you have access to a vehicle which you are able to use for work purposes?** | **🞏 Yes** | **🞏 No** |
| **If not, are you able to travel, for work purposes, by another means of transport?** | **🞏 Yes** | **🞏 No** |

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| **SECTION 10. ENTITLEMENT TO WORK IN THE UK** | | |
| **Do you require a Work Permit to work in the UK?** | **🞏 Yes** | **🞏 No** |
| **If you have a work permit, please give expiry date:** |  | |

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| **SECTION 11. HOBBIES & INTERESTS** |
| **Please use the space provided below to tell us about any activities that are of interest to you:** |
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| **SECTION 12. REFERENCES** | |
| **Please give the names and addresses of two people, one should be your current or most recent employer. If you are unable to do this, please clearly outline who your referees are. Applicant must ensure referees consent to be contacted and for reference information to be held for a period of 6 months.** | |
| **REFEREE 1.** | |
| **Name:** |  |
| **Position:** |  |
| **Address:**  **Telephone No.:** |  |
| **Email:** |  |
| **Relationship Between Referee and Applicant:** |  |
| **Period of Time Applicant Known to Referee:** |  |
| **REFEREE 2.** | |
| **Name:** |  |
| **Position:** |  |
| **Address:**  **Telephone No.:** |  |
| **Email:** |  |
| **Relationship Between Referee and Applicant:** |  |
| **Period of Time Applicant Known to Referee:** |  |

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| **SECTION 13. CLOSE PERSONAL RELATIONSHIPS** |
| **Are you a relative or partner, do you have a close personal relationship with, any employee of the establishment to which your application is being made?**  **If ‘yes’, please state the name(s) of the person(s) and relationship.** |
| **🞏 Yes 🞏 No** |
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| **SECTION 14. DECLARATION** | |
| **Please read the following statements and information relating to your application carefully. By submitting your application, 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 your dismissal.**  **Declaration**  **🞏 I certify that the information I have supplied on this form is accurate and true to the best of my knowledge.** | |
| **Signed:** |  |
| **Date:** |  |

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| **DISCLOSURE OF CRIMINAL CONVICTIONS** | |
| **Shortlisted candidates will be asked to complete a Self-Disclosure Form 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.** | |
| **PRE-EMPLOYMENT MEDICAL FORM** | |
| **The successful candidate will be asked to complete a pre-employment medical form prior to commencing their employment. The information disclosed will be treated in the strictest of confidence.** | |
| **SAFER RECRUITMENT & 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. Shortlisted 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 on request 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. 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.** | |
| **CORRESPONDENCE** | |
| **Thank you for applying for this post and your interest in working for us is very much appreciated. It is not our normal practice to acknowledge receipt of applications.** | |
| **Signed:** |  |
| **Date:** |  |

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| **CONTINUATION SHEET** |
| **Please use the space below as a continuation sheet or for any additional information if required:** |

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| **RECRUITMENT MONITORING INFORMATION** | |
| **POST TITLE:** |  |
| **LAST NAMES(S):** | **FIRST NAMES(S):** |

**Completion of this section will help us fulfil our general duty under the Race Relations (Amendment) Act 2000 to eliminate unlawful discrimination, to promote equality of opportunity and promote good relations between people of different racial groups and our specific duty under the Act to monitor, by reference to racial group, applicants for employment and staff in post.**

**THE INFORMATION PROVIDED WILL BE USED FOR MONITORING AND STATISTICAL PURPOSES ONLY AND THIS SECTION WILL BE DETACHED FROM YOUR APPLICATION FORM PRIOR TO SHORTLISTING.**

**The categories below are in line with the Equality & Human Rights Commission’s guidance.**

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| guidance.es below are in line with the Equality & Human Rights Commission' ONLY AND THIS SECTION WILL BE DETACHED FROM YOUR A**ETHNIC ORIGIN** |
| **I would describe my ethnic group as:** |

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| **1. White** | **4. Asian, Asian British, Asian English,**  **Asian Scottish or Asian Welsh** |
| **British 🞏**  **English 🞏**  **Scottish 🞏**  **Welsh 🞏**  **Irish 🞏**  **Any other White background 🞏**  **(please specify)** | **Bangladeshi 🞏**  **Indian 🞏**  **Pakistani 🞏**  **Any other Asian background 🞏**  **(please specify)** |
| **2. Black, Black British, Black English,**  **Black Scottish or Black Welsh** | **5. Chinese, Chinese British, Chinese English,**  **Chinese Scottish or Chinese Welsh** |
| **African 🞏**  **Caribbean 🞏**  **Any other Black background 🞏**  **(please specify)** | **Chinese 🞏**  **Any other Chinese background 🞏**  **(please specify)** |
| **3. Mixed** | **6. Other ethnic group** |
| **White & Asian 🞏**  **White & Black African 🞏**  **White & Black Caribbean 🞏**  **Any other Mixed background 🞏**  **(please specify)** | **Other ethnic group 🞏**  **(please specify)** |

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| **GENDER** | | |
| **Male** 🞏 | **Female** 🞏 | |
| **Prefer not to say** 🞏 |  | |
| **(please tick)** |  | |
| **SEXUAL ORIENTATION** |  | |
| **Bi-sexual** 🞏 | **Gay** 🞏 | |
| **Lesbian** 🞏 | **Heterosexual** 🞏 | |
| **Other** 🞏 | **Prefer not to say** 🞏 | |
| **(please tick)** |  | |
| **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).** | | |
| **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.** | | 🞏 |
| **(please tick)** | |  |