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| **APPLICATION FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thank you for applying for 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 section, **must be signed**. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **POST DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application for appointment as: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Closing date: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Do you need permission to work in the UK?** | | | | | | | | | Yes | |  | | No | | | |  | | | | |  | | | | | | | | | | | | | | |
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| **Please return your completed application form to:**  Personnel Department  Ortu Gable Hall School, Southend Road  Corringham, Stanford le Hope  Essex, SS17 8JT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| It is not 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 please enclose a stamped addressed envelope. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Ortu Federation are committed to safeguarding and promoting the welfare of children and young people  and expects that all staff and volunteers share this commitment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name and Title: | |  | | | | | | | | | First Name: | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Date of Birth: | |  | | | | | | | | | NI Number: | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Home Telephone: | |  | | | | | | | | | Home Email: | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Mobile Telephone: | |  | | | | | | | | | Work Telephone: | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PRESENT EMPLOYMENT/SCHOOL** *(if applicable)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer’s Name and Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nature of Business: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Title: | |  | | | | | | | | | Date Appointed: | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Grade/Salary Spine: | |  | | | | | | | | | Current Salary Point: | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Notice Required: | |  | | | | | | | | | Allowances Received: | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Reason for Leaving: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **BRIEF OUTLINE OF DUTIES IN YOUR CURRENT OR MOST RECENT POST** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PREVIOUS EMPLOYMENT/TEACHING EXPERIENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list the most recent first and continue on a separate sheet if necessary. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer/School:** | | | **LEA** | | **From:** | | **To:** | | | **Job Title:** | | | | | **Salary/Grade** | | | | | | | | | | | | **Reason for leaving:** | | | | | | | | | |
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| **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.g. unemployment, raising family, voluntary work, training etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **MOBILITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please complete this section if the Person Specification for the post includes these requirements. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a valid driving licence? | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  |  | | |  | |  |
| Do you have access to a vehicle which you are able to use for work purposes? | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  |  | | |  | |  |
| If not, are you able to travel, for work purposes, by another means of transport? | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  |  | | |  | |  |
| **SECONDARY SCHOOL EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please complete this section if the Person Specification for the post includes these requirements. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School(s):** | | | | **From:** | | **To:** | | | | **Qualification/Subject obtained:** | | | | | | | | | | | | | | | | | | **Grade:** | | | | | **Dates:** | | | |
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| **CONTINUING EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (University/College/Apprenticeships, etc.) Please list most recent first | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Educational establishment(s):** | | | | **From:** | | **To:** | | | | **Qualification/Subject obtained:** | | | | | | | | | | | | | | | | | | **Grade/Level:** | | | | | **Dates:** | | | |
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| **PROFESSIONAL QUALIFICATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Including details of professional association membership | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Do you hold Qualified Teacher Status (QTS): | | | | | | | | | | Yes | |  | | No | | | | | | |  | | | | DfE Number: | | | | | |  | | | | | |
| *If you ticked* ***yes*** *please complete the following:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Statutory Induction Period completed (if qualified since August 1999): | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| General Teaching Council Registration date: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| Will you be entering your NQT year? | | | | | | | | | | Yes | |  | | No | | | | | | |  | | | |  | | | | | | | | | | | |
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| **OTHER RELEVANT TRAINING/DEVELOPMENT ACTIVITIES**  **(LAST 5 YEARS)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list the most recent first and continue on a separate sheet if necessary. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Brief description/Course title:** | | | | | | | | | | **Date(s):** | | | | | | | | **Organising body** | | | | | | | | | | | | | | | | | | |
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| **INFORMATION IN SUPPORT OF THIS STATEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please 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 names and addresses of your two most recent employers (if applicable), who should be able to give an independent assessment of your professional qualities. Please note that a reference is required from the employer by whom you have been most recently employed. If you are unable to do this, please state clearly who your referees are. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name and Address: | | | | | | | | | | | Name and Address: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| * Referees will be contacted before interview * If either of your referees know you by another name please give details * References will not be excepted from relatives or from people writing solely in the capacity as friends | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **FAMILY RELATIONSHIPS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Are you related to any Governor or Senior Member of Staff at the School? | | | | | | | | | | | | | | | | Yes | | | | | | | | | |  | | | No | | |  | | |  | |
| If ‘Yes’, please state the name(s) of the person(s) and relationship: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Failure to disclose a family relationship as above may disqualify you. Canvassing of Governors or senior members of staff by or on your behalf, whether directly or indirectly, is not allowed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CHILD PROTECTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Have you ever been subjected to a child protection investigation? | | | | | | | | | | | | | | | | Yes | | | | | | | | | |  | | | No | | |  | | |  | |
| If ***yes***, please provide details on a separate sheet. Any information you provide will be treated as strictly confidential and will be considered only in relation to the appointment for which you are applying. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SAFE RECRUITMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that I am not on list 99, disqualified from working with children or subject to sanctions imposed by a regulatorybody, e.g. the General Teaching Council (GTC), which would restrict me from applying for this post. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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. Applicants will be asked to complete a ‘Disclosure of Criminal Convictions’ form, in the event of a successful application, a Disclosure will be sought from the Criminal Records Bureau. A conviction will not necessarily be a bar to obtaining employment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATA PROTECTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signed:** |  | | | | | | | | | | | | | | | | | | **Date:** | | | | |  | | | | | | | | | | | | |

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| **RECRUITMENT MONITORING FORM** | | | | | | | | | | | | | | | | |
| Gable Hall School has an equal opportunities recruitment policy and will assess fairly all applications on the basis of relevant skills and experience in line with the job description and person specification. To help us meet this commitment would you please provide the following information. These details are confidential and will not be seen by the selectors; they will be used for monitoring purposes only. This form should be returned with your application form but will be removed from your application prior to short listing. | | | | | | | | | | | | | | | | |
| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | |
| Post applied for: |  | | | | | | | | | | | | | | | |
| Surname: |  | | | | | | | Forename(s): | | | |  | | | | |
| Date of birth: |  | | | | | | | Age: | | | |  | | | | |
|  | | | | | | | | | | | | | | | | |
| Gender: | Male | | |  | Female |  |  | Marital Status: | | | |  | | | | |
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| **ETHNICITY** | | | | | | | | | | | | | | | | |
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|  | |  | White - UK | | | | | |  | White - European | | | | | | |
|  | |  | White - Other | | | | | |  | Black - African Heritage | | | | | | |
|  | |  | Black - Caribbean Heritage | | | | | |  | Black - Other | | | | | | |
|  | |  | Pakistani | | | | | |  | Bangladeshi | | | | | | |
|  | |  | Chinese | | | | | |  | Indian | | | | | | |
|  | |  | Irish | | | | | |  | Other (please state) | | | | | | |
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| **DISABILITY DISCRIMINATION ACT 1995** | | | | | | | | | | | | | | | | |
| The Disability Discrimination Act 1995 describes a disability as ‘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’. | | | | | | | | | | | | | | | | |
| Do you regard yourself as having a disability within the terms of the Act? | | | | | | | | | | | Yes | |  | No |  |  |
| Where you have a disability or condition, is there anything we should be aware of to help us to assess your application fairly? Are there any special arrangements we need to make should you be invited for interview or offered the job? | | | | | | | | | | | | | | | | |
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| **ASYLUM AND IMMIGRATION ACT 1996** | | | | | | | | | | | | | | | | |
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| Do you have the legal right to live and work in the UK: | | | | | | | | | | | Yes | |  | No |  |  |
| If you are invited to interview you will need to bring with you evidence of your legal right to live and work in the UK. Your passport, birth certificate or confirmation of your National Insurance number are acceptable documents. Should these not be available we will notify you of other appropriate documents. | | | | | | | | | | | | | | | | |

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| **REHABILITATION OF OFFENDERS ACT 1974** | | | | | | |
| Because of the nature of the work for which you are applying, this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 and 1986. You must therefore disclose at the time of application all criminal convictions or cautions, including any which may be ‘spent’ under the Rehabilitation of Offenders Act 1974. In the event of employment any failure to disclose such convictions could result in dismissal or disciplinary action.  The information you provide will be treated as strictly confidential and will be considered only in relation to the appointment for which you are applying.  Please read these notes carefully and if required enter any convictions, cautions or prosecutions in the box below. If you do not have any convictions, please enter ‘None’. | | | | | | |
| Offence: | | Date of Conviction/Caution/Pending Conviction: | | | Sentence (if appropriate): | |
| None | |  | | |  | |
|  | | | | | | |
| **ADDITIONAL INFORMATION** | | | | | | |
| Where did you see this vacancy advertised? | | |  | | | |
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| **DATA PROTECTION** | | | | | | |
| 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. | | | | | | |
| **Signed:** |  | | | **Date:** | |  |

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**CEO Ortu Federation Ltd: Dr Sophina Asong B.A., M.A., Ed.D, NPQH**

Ortu Federation, Southend Road, Corringham, Stanford-le-Hope, Essex, SS17 8JT Tel: 01375 400800 Fax: 01375 400801

Registered in England Company No: 07660783 Registered Office: Southend Road, Corringham, Stanford-le-Hope, Essex, SS17 8JT