

# **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.

Post Details	Section 1
FOST Details	
Application for appointment as:	,
School:	
Reference no. (if applicable)	
Closing date:	
-	

Personal Details	Section 2
_ast name and title:	First name (s):
Previous names:	Date of birth:
Home telephone no:	Home email address:
Nork telephone no:	Work email address:
Address:	
	National Insurance no:
Do you have the right to work in the UK?	Yes No
Present Employment (if current	Section 3
Present Employment (if current Employer's name and address (if applicable)	tly employed)
Employer's name and address (if applicabl	tly employed)
Employer's name and address (if applicabl	tly employed)
Employer's name and address (if applicable)  Nature of business:  Current post title:	tly employed)
Employer's name and address (if applicabl  Nature of business:  Current post title:  Grade/salary range:	tly employed) le): Date appointed:

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					Section 5
Please incl	Employme ude all full tim ue on a separa	e and part t		Pleas	e list the most recent first
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	: Histo	ry		Section 6	
periods and	-	•	oyment since leaving sc lese times e.g. unemplo	•		
Start date	End date		Reason for break			
Ability to	travel (if requ	ıired)			Section 7	
	a valid driving licend	·		Yes	No 🗔	
Bo you have	a valid driving hoorid				140	
Do you have purposes?	access to a vehicle	which yo	u are able to use for work	Yes	No	
If not, are you transport?	ı able to travel, for w	ork purp	oses, by another means of	Yes	No	
Secondar	ry School Edu	ıcatior	l (please list most recen	t first)	Section 8	
School(s)	From	То	Qualification/subject obtained and awarding body	Grade	Dates	

Continuing Education (Ur Please list most recent first.	iversity/College/Appr	enticeships etc.)	Section 9
Education Establishments From	To Qualification/sobtained and body	,	ade Dates
Professional Qualification Including details of professional		rship	Section 10
Do you hold Qualified Teacher Statu	s (QTS)?	Yes	0
Teacher Reference Number:			
If yes please complete the following Date NQT Statutory Induction Period maintained schools)  Started:	(if qualified since Augus	t 1999) (statutory requi	
Other relevant training a attended in the last five y Please list the most recent first and	ears .		Section 11
Brief description/Course title	Date	Organisin	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.

## Section 13

Name \_\_\_\_\_

#### References

1) Name \_\_\_\_\_\_2)

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.

Address:	Address:
Position: 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  (ii) If either of your referees know you by  (iii) The school may contact other previou	
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 appl or employee of Essex County Council)? If 'yes', plearelationship (see notes below).	ication is being made (or to any County Councillor
Failure to disclose a close personal relationship as a Canvassing of Governors, Trustees, County Council County Council by or on your behalf is not allowed.	above may disqualify you.

#### **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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	<b>aration</b> certify that the information I have supplied on this form is accurate and true the best of my knowledge.
	r Recruitment and Childcare Disqualification Checks certify that I am not disqualified from working with children or subject to any anctions imposed by a regulatory body which would prohibit or restrict me om applying for this post.

#### **Disclosure of Criminal Convictions**

Preferred candidates will be asked to complete a Self-Disclosure Form (SD2) to disclose whether they have:

- any unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974; or
- any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020.

The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered 'protected'. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account. Guidance notes are available to accompany the SD2 form to assist candidates with information which must be disclosed. Any information disclosed will be treated in the strictest confidence.

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 person's criminal record will not in itself 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.

☐ I certify that I am no	and Childcare Disqualification Checks of disqualified from working with children or subject to any by a regulatory body which would prohibit or restrict me is post.
the Childcare (Disqualif	oplying for a relevant post in a school setting covered by ication) Regulations 2018 ("the Regulations") will be squalification Declaration Form.
waiver from Ofsted. A c	ay only be employed in a relevant post if they obtain a copy of the Disqualification Declaration Form is available you wish to review this Form prior to submitting your
personal data (including about me in line with the will use/process this inf	completing this form the school will hold and process g special categories of data e.g. information about health) eir data protection policy. I acknowledge that the school ormation for the duration of the recruitment process. I nation will only be shared in line with the Privacy Notice.
retained in line with the candidate, I acknowled	pplicant, I acknowledge that this information will be school's retention schedule. If I am not the successful ge this information will be retained by the school in a system for no longer than 6 months from the date of the cessful candidate.
All forms submitted (in package) school in line with their	paper or electronic format) will be held securely by the data protection policy.
is not our normal praction	for this post and your interest in working for this school. It ce to acknowledge receipt of paper applications. If you nically you will receive confirmation that the form has
Name:	Date:
Signed:	