

PART ONE

APPLICATION FOR EMPLOYMENT

Please read the applicant guidance notes before completing this application form

Post applied for:		School:		
Teacher Reference Number (if applicable)		Do you have Qualified Teacher Status		
		Yes No		
Title:	Forename(s):	Surname:		
Address:		Telephone No:		
		Mobile No:		
		E- mail address: Note: We may use this email address to communicate with you both during and after the recruitment process. Please confirm you are happy for us to communicate using this email address. Yes No		
Current/mo	ost recent Employment			
Post Title:				
Nama and s	addrage of anadous	Start Date:		
ivallie aliu a	address of employer:	Leave Date (if applicable):		
		Current Earnings:		
Tel. No:		Scale or Grade:		
		Period of Notice Required:		

MM YYYY MM YYYY and Post little Salary Leaving	Previous Employment (from leaving school including unpaid/voluntary work)							
name, address Post Title Salary Reason for Leaving	Please list all employment (most recent first) and give reasons for all gaps in employment							
telephone no.				YYYY	name, address and telephone	Post Title	Salary	Reason for Leaving

Qualifications (including secondary education qualifications)							
	Level e.g. GCSE, CSE, Degree, NVQ Level 1, NVQ Level 2 etc	1,	Date of Award			_	
Subject e.g. English, Business Studies, ICT etc			N	ИΜ	YYYY	Awarding Body (if known) e.g. RSA, OCR, City & Guilds, BTEC etc	
Details:	Non-qualification courses and further training Date:						
Are you a member of any Professional/Technical Bodies?							
Professional/Technical Body		Class of Membership Date ob		tained	Registration no./reference		

Personal Statement
This is your opportunity to tell us why you are suitable for the post. Please read the job description and person specification carefully to see what skills and experience you have that relate to those required by the job. Please continue on a separate sheet if necessary.

References:				
Please give <u>full</u> contact details of two independent refeemployer:	erees, one of which must be your current or most recent			
Title:	Title:			
Name:	Name:			
Occupation/Status:	Occupation/Status:			
Address:	Address:			
Post Code:	Post Code:			
Tel No:	Tel No:			
E-mail address: Can we contact prior to interview? Yes No	E-mail address: Can we contact prior to interview? Yes No			
Disclosure Information (only required if a DBS check is The amendments to the Rehabilitation of Offenders Act 1974 when applying for certain jobs and activities, certain conviction they do not need to be disclosed to employers, and if they are Guidance about whether a conviction or caution should be dehattps://www.gov.uk/government/publications/new-guidance.	(Exceptions) Order 1975 (2013 and 2020) provides that ons and cautions are considered 'protected'. This means that re disclosed, employers cannot take them into account. isclosed can be found on the Ministry of Justice website.			
Do you hold a DBS Certificate? Yes No				
Have you subscribed to the update service?				
If yes:				
Please indicate level of check: Standard				
Please indicate workforce: Child Adult Child and Adult Other				
Disqualification from Caring for Children Regulation	1s (DCCR) 2002			
Have you ever been disqualified under Disqualification Yes No	from Caring for Children Regulations 2002?			
Online checks for shortlisted applicants (KCSIE)				
Do you consent to the trust doing an online check of you	our presence online?			

Driving Ability				
Do you hold a current driving licence in accordance with the requirements of the post?	Vo.			
Have you had any endorsements in the last five years?	No			
Data Protection Information				
The personal information supplied by you on this application form will be used only to consider your application for employment with this Trust. Certain anonymised data could be passed to other candidates should a request for information be made.				
If you are shortlisted, contact will be made with the referees you supply on the application form and a confidential reference will be sought from them.				
The information you supply on the Recruitment Equality Monitoring Form will be used for those pur stated only and will be retained in an anonymous form so that it cannot be linked to individual applicant information you supply will be retained only as long as necessary for the purposes of recruitmen monitoring.	ts. The			

Recruitment Equality Monitoring Form

Please complete this form and return it with your completed application form

Date of Birth:	Country of birth:		
	Nationality:		
Age:	Dual Nationality (if yes, please specify):		
Are you currently pregnant or on maternity leave	e? Yes No		
Disability			
disability which we include to establish whether selection process; take positive action in support be able to carry out a function that is intrinsic to where this is an occupational requirement (Sec	applications from disabled people. Please answer the section of we need to make adjustments to enable you to take part in the ting employment for disabled people; establish whether you wiso the work concerned and/or establish that you have a disability tion 60 of the Equality Act 2010 refers.) As a Disability Symbolicant who declares a disability as detailed on the Application for num) criteria for the Job.		
Do you consider yourself to be a person with a d	lisability as described by the Equality Act 2010?		
☐ Yes ☐ No			

THIS PAGE WILL BE REMOVED BEFORE THE SELECTION PROCESS COMMENCES

Are you currently employed by the Trust?
☐ Yes ☐ No
Where did you see this post advertised?
Eligibility to Work in the United Kingdom
To ensure the Trust complies with legislation, you will be required to provide documentary evidence showing
that you are entitled to work in the United Kingdom.
National Insurance Number:
Are there any restrictions regarding your right to work in the UK?
If yes, please give details:
y - , , , , , , , , , , , , , , , , , ,
Have you ever lived or worked abroad? Yes No
If yes, please give details:
11 yes, piedse give details.
Relationships: (This question must be completed)
Are you related to any member of the Board of Trustees or member of staff within the Trust? Yes No
· — — — — — — — — — — — — — — — — — — —
If Yes, please give details:
Name
Name:
Position:
Declaration
I declare that the information given in this application is true, and that I have not canvassed directly or indirectly
any member of the Board of Trustees or member of staff within the Trust, nor will I do so. I understand that any
falsification of information will be judged as serious misconduct and may result in dismissal.
Signed: Date:

Please return completed application form to the email address provided on the advert